



# OREGON COMMERCIAL INPATIENT PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 800-495-1148  
Customer Contact Center : 888-802-7001  
Behavioral Health Requests: **Fax** 855-663-2244

**Standard requests -** Determination within 2 calendar days of receiving all necessary information.

**Urgent requests -** I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

X

URGENT REQUESTS MUST BE SIGNED BY THE  
PROVIDER TO RECEIVE PRIORITY

**\*Indicates Required Field**

## MEMBER INFORMATION

\*Member ID

Last Name, First

\*Date of Birth

(MMDDYYYY)

## REQUESTING PROVIDER INFORMATION

\*Requesting NPI

\*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

\*Fax

## SERVICING PROVIDER / FACILITY INFORMATION



Same as Requesting Provider

\*Servicing NPI

\*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

## AUTHORIZATION REQUEST

\*Primary Procedure Code

Additional Procedure Code

\*Start Date OR Admission Date

\*Diagnosis Code

Additional Procedure Code

Additional Procedure Code

Discharge Date (if applicable) otherwise  
Length of Stay will be based on Medical Necessity

Additional Diagnosis Code

\*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

779 C- Section Delivery  
240 Hospice Inpatient  
427 Rehab  
992 Transplant  
720 Vaginal Delivery  
300 Neonate

121 Long Term Acute Care  
970 Medical  
414 Premature/False Labor  
402 Skilled Nursing Facility  
411 Surgical  
490 Boarder Baby

**Behavioral Health**

528 BH Chemical Substance Abuse  
529 BH Psychiatric Admission

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.**

**COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered benefit and medically necessary with prior authorization as per Ambetter policy and procedures.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

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