ambetter.	<b>уу</b> FROM   <b>meridian</b> .
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## INPATIENT AUTHORIZATION FORM

Complete and **Fax** to: Medical: 833-913-2996 Behavioral Health: 833-500-0734

Standard requests - Determination within 15 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 **72** hours to avoid complications and unnecessary suffering or severe pain.

	GENT REQUESTS MUST BE SIGN YSICIAN TO RECEIVE PRIORITY	ED BY THE
*Indicates Required Field		
*Medicaid/Member ID	Loot Namo First	*Date of Birth
	Last Name, First	
REQUESTING PROVIDER INFORMATION		
*Requesting NPI *Requesting TIN	Requ	Jesting Provider Contact Name
Requesting Provider Name	Phone	*Fax
SERVICING PROVIDER / FACILITY INFORMATION		
Same as Requesting Provider		
*Servicing NPI *Servicing TIN	Serv	icing Provider Contact Name
Servicing Provider/Facility Name	Phone	Fax
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AUTHORIZATION REQUEST		
*Primary Procedure Code Additional Procedure Code	*Start Date OR Ac	Imission Date *Diagnosis Code
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Mo	difier) (MMDDYYYY)	(ICD-10)
Additional Procedure Code Additional Procedure Code (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Mo	Discharge Date (if Length of Stay will I difier) (MMDDYYYY)	applicable)       otherwise         be based on Medical Necessity       Additional Diagnosis Code         (ICD-10)       •
*INPATIENT SERVICE TYPE (Enter the Service	ce type number in the boxes	)
<ul> <li>490 Boarder Baby</li> <li>779 C-Section Delivery</li> <li>121 Long Term Acute Care</li> <li>970 Medical</li> <li>300 Neonate</li> <li>414 Premature/False Labor</li> <li>427 Rehab</li> <li>402 Skilled Nursing Facility</li> <li>411 Surgical</li> <li>992 Transplant</li> <li>720 Vaginal Delivery</li> </ul>		l Treatment - Substance Use l Treatment - Mental Health Substance Abuse Ilization Unit orders
ALL REQUIRED FIELDS MUST COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE F Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at t authorization as per Plan policy and procedures.		IFORMATION MAY RESULT IN DELAYED DETERMINATION.

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