



Prior Authorization Submission Reference for Inpatient Services

When submitting a **Prior Authorization and Concurrent Review Request Form for Inpatient Services**, please provide the information listed in this reference document. Reviews may take up to one calendar day to complete. **Important note:** Depending on the circumstance, AmeriHealth Caritas Iowa's Utilization Management team may request additional documentation that is not included on this document to determine medical necessity.

Please call **1-844-411-0604** if you have questions and/or to check the receipt of submission.

Member information needed for clinical reviews:

- Diagnosis by attending physician doing history and physical (H&P) examination.
- Attending physician's contact information.
- History of present illness.
- Emergency department (ED) course of treatment and response to treatment.
- Vital signs and physical examination findings: initial and after treatment in the ED.
- Laboratory work and radiology reports.
- Plan of care outlined, ensuring ED versus inpatient intervention is clearly defined.
- Final discharge diagnosis if it changed since initial diagnosis.
- Notes including, but not limited to, triage, ED, H&P examination and consultation (if applicable).

Please fax the completed **Prior Authorization and Concurrent Review Request Form** and required documentation to AmeriHealth Caritas Iowa's Utilization Management team at **1-844-411-0605**. Please call **1-844-411-0604**, 8:30 a.m. to 5 p.m., Monday through Friday, if you have questions or to check the receipt of submission.

For additional information about the prior authorization process, please refer to the **Provider Manual** or visit the **Providers** section, then **Prior Authorizations** at www.amerihealthcaritasia.com.