



Louisiana Prior Authorization Fax Request Form

Please complete all fields on the form for any service requiring authorization. Submitting all relevant clinical data such as progress notes, treatment rendered, tests, lab results, and radiology reports will help us process your request without delay. Failure to provide sufficient information may delay your request.

A complete list of services requiring prior authorization can be found at UHCCCommunityPlan.com > For Health Care Professionals > Louisiana > Prior Authorization & Notification.

Date: Contact person: Phone:

Fax: HIPAA secure fax line? Yes No

Requesting Provider: TIN/NPI:

Member Information

Member name: Member ID/JD#: Date of birth:

Member's preferred phone number: Is the member pregnant? Yes No

Related to a motor vehicle accident or work-related injury? Yes No

Does member have other insurance? Yes No If yes, Medicare Part A Part B

Other insurance name and policy #

Type of Request

- Routine Expedited/Urgent (Request must include a physician's order stating that waiting for a decision under a standard timeframe could endanger the member's life, health, or ability to regain maximum functionality or would cause serious pain.)
Inpatient Outpatient Home Private duty nursing

Servicing Care Provider and Facility Information

Servicing care provider: TIN/NPI:

Address: Fax:

Date of service: In network Out of network

Servicing facility: TIN/NPI:

Address: In network Out of network

Will out of network care provider accept Medicaid/Medicare default rate? Yes No

Clinical Information

Diagnoses: ICD-10 codes:

Required: CPT/HCPCS Code(s):

Description required: Miscellaneous and/or unlisted codes:

For codes S9123 and S9124, please provide the requested number of units per day

Number of visits: Start date: End date:

Frequency: Durable medical equipment cost: \$

Number of previous visits/service description/CPT/HCPCS codes:

Please fax your completed form to 877-271-6290. If you have questions, please call 866-604-3267.

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