

**Prior Authorization Fax Request**  
**Form Fax: 866-950-7757**  
**Phone: 866-604-3267**

Please complete all fields on the form referring to the list of services that require prior authorization at UHCCCommunityPlan.com > Notifications/Prior Authorizations. Submit all relevant clinical data such as progress notes, treatment rendered, tests, lab results and radiology reports to support the request for services. If you do not provide sufficient information, your request may be delayed.

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: \_\_\_\_\_

Is the member pregnant?  Yes  No

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

Does the 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, ability to regain maximum functionality or would cause serious pain).

Inpatient  Outpatient  Home

**Servicing Provider and Facility Information**

Servicing provider: \_\_\_\_\_ TIN/NPI: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of service: \_\_\_\_\_  Network  Out-of-network

Servicing facility: \_\_\_\_\_ TIN/NPI: \_\_\_\_\_

Address: \_\_\_\_\_  Network  Out-of-network

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

**Clinical Information**

Diagnoses: \_\_\_\_\_ ICD-10 codes: \_\_\_\_\_

Required CPT/HCPCS Code(s): \_\_\_\_\_

Miscellaneous and/or unlisted codes - description required: \_\_\_\_\_

Number of visits: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Frequency: \_\_\_\_\_ Durable medical equipment cost: \$ \_\_\_\_\_

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

If you have questions, please contact the Intake Department at 866-604-3267.

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