

# PRIOR AUTHORIZATION



## Generic fax request form

Providers: you must get Prior Authorization (PA) for services before service is provided. PA is not guarantee of payment. Payment is subject to coverage, patient eligibility and contractual limitations. Please use appropriate form for DME and, Home Health requests.

Date ____/____/____		<b>Please check request type</b>	
<input type="checkbox"/> Standard request  Note: If the service has already been provided, please follow retro process and submit claim.	<input type="checkbox"/> Expedited Requests-May take up to 72 hours.  I certify that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.  _____ Provider signature required		
Patient name	Requesting provider		
Patient ID #	Provider NPI #		
Patient birthdate	Contact name		
	Contact phone #	Contact fax #	

Date of service \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of facility/place of service/specialist \_\_\_\_\_

MA ONLY: Is provider part of a regulated facility?  Yes  No

Diagnosis with ICD 10	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
Service or procedure, including codes	Quantity or number of visits requested

Please fax this form and supportive clinical to Pre-Cert department below by market:

Market	Phone #	Fax #
TN, IL, IN, No. MS, No. GA, AR	800.453.4464	866.287.5834
AL, FL, NC, SC, So. MS, Atlanta	800.962.3016	866.913.0940
TX, AR, OK	832.553.3456	888.205.8658
MA, PA, DE, DC, KC	888.454.0013	888.951.0144

- For a list of Cigna-Healthspring services requiring PA, visit [cigna.com/medicare/medicare/healthcare-professionals/](http://cigna.com/medicare/medicare/healthcare-professionals/) or call your state's Pre-Cert Department
- If you need help finding a PAR facility or provider, please call 800-230-6138 or visit [cigna.com/medicare](http://cigna.com/medicare) and use the Provider Search Tool.