Cigna HealthSpring

Prior Authorization Request Form – OUTPATIENT

Please fax to: 1-800-931-0145 (Home Health Services)
1-866-464-0707 (All Other Requests) | Phone: 1-888-454-0013

★ **Required Field – please complete all required fields to avoid delay in processing**

Note: In an effort to process your request in a timely manner, please submit any pertinent clinical information (i.e. progress notes, treatment rendered, test/lab results or radiology reports) to support the request for services. Any request for a non-contracted provider must include documentation to substantiate the reason for the request. **(When all required information has been submitted we will complete your request within 5 business days.)**

☐ Expedited – defined as *danger to a member's health if not provided within 72 hours.* Please explain:

Member Information:

*Member Name:

*Member DOB: /   /   * Member ID: *Date of Service: /   /

Requesting Provider Information:

*PCP/Requesting Provider:	Contact Person:
	*Phone #:
	*Fax #:

Referring to (servicing) provider information: if below fields are not answered, Cigna-HealthSpring will automatically assign Cigna-HealthSpring's participating provider network to the member:

*Servicing Provider: ☐ Non-contracted Tax ID #: NPI#:	Contact Person:
	*Phone #:
	*Fax #:

*Facility: ☐ Non-contracted Tax ID #: NPI#:	Contact Person:
	*Phone #:
	*Fax #:

If requesting a __non-contracted provider/facility__, please explain why:

*Type of Service: Please check only one of the boxes:

☐ ASC
☐ Elective Inpatient Admit
☐ MRI/MRA/CT PET
☐ PT/OT/ST
☐ Cosmetic/Reconstructive

☐ Elective Outpatient Surgery
☐ Office Procedure
☐ Transplant Evaluation
☐ DME
☐ Medication

☐ Prosthetics/Orthotics
☐ Home Health
☐ Ambulance
☐ Other_____

Clinical Information:

*Diagnosis Code: Diagnosis:

*Procedure/Service Requested: ☐ CPT Code: ☐ HCPCS Code:

Procedure/Service Description:

Number of visits: Duration:

Frequency of visits: Number of previous visits:

*Is supporting Clinical Information Attached?   ☐ Yes   ☐ No - Please summarize clinical information below

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