

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 ____ / ____ / ____

Please check request type

Standard request

Note: If the service has already been provided, please follow retro process and submit claim.

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

Inpatient
 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	800.872.8685
TX, AR, OK	832.553.3456	888.205.8658
MA, PA, DE, DC, KC	888.454.0013	800.931.0145

- For a list of Cigna-Healthspring services requiring PA, visit 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 and use the Provider Search Tool.