

Authorization/Referral Request Form

To create a new referral or authorization online, visit [Availity.com](https://www.availity.com). Providers can also fax a completed request form to 833-558-9712.

Please complete all fields on this form and attach to your clinical documentation prior to submitting for review.

Contact at provider office:	Secure fax:
Name of requesting provider:	Phone:

Note: Please provide your preferred contact information in case Humana needs to contact you if clarification or additional information is needed to complete.

Member information	
Last name:	First name:
Medicaid ID:	Date of birth:
Authorization reference number (if applicable):	

Referring provider	
Name:	National Provider Identifier (NPI):
Address:	
Phone:	Fax:

Treating provider/facility	
Name:	NPI:
Address:	
Phone:	Fax:



Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

Service request

Type of request: Initial request Update/Concurrent

Inpatient

Admission date:

Admission type:	Emergency room (ER)	Non-ER	Rehab
	Skilled nursing facility	Other	

Bed type:	Discharge date:	Discharged to:
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Outpatient

Observation	Home health	Hospice
Durable medical equipment (DME) rental		DME purchase
Diagnostic testing	Surgery	Evaluation and treatment
Other: _____		

First date of service:	Last date of service:
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Behavioral health

Inpatient

Admission type:	Psychiatric	Substance use/chemical dependency
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Admission date:	Discharge date:	Discharged to:
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Acute I psychiatric inpatient
 Acute II /psychiatric residential treatment (PRTF)
 Partial hospitalization program (psychiatric)
 Substance use disorder (SUD) chemical dependency detoxification/withdrawal management
 SUD inpatient ASAM Level 3.7 medically monitored
 SUD residential ASAM Level 3.5 clinically managed high intensity
 Other: _____

Outpatient

Service type:	Psychiatric	Substance use disorder	First date of service:
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Psychological testing
 Neurological psychological testing
 SUD residential ASAM Level 3.3 clinically managed population specific high intensity
 SUD residential ASAM Level 3.1 clinically managed low intensity
 SUD partial hospitalization program ASAM level 2.5
 Applied behavioral analysis therapy (ABA)*
 Other: _____

ICD-10:	ICD-10:	ICD-10:	ICD-10:
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*ABA requests require copies of functional assessment, behavioral health support plan with target behaviors and goals. For concurrent review: update with summary of progress to date w/ graphs showing progress and updated behavioral support plan if updated.

CPT/HCPCS code(s)

Code:	Modifier:	Description:	Number of visits/units:
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Additional pertinent information: