

Authorization Request Form

Please complete form in its entirety and return to:

Email: **CorporateMedicaidCIT@humana.com**

Fax: **833-441-0950**

Standard		Concurrent		Urgent/expedited	
Urgent/expedited decisions are rendered within 72 hours of notification if a member's health is at risk. Otherwise, a decision is rendered within the standard time frame. A physician's signature is required. Authorization will be processed within the standard time frame if received without a signature.					
Physician signature					
Member information					
Medicaid number		Humana ID number		Date of birth	
Last name		First name		Gender	Male Female
Phone number			Language Spoken		
Other insurance	Yes	No	If yes, please attach a copy of the insurance card or insurance information		
Referring provider information					
Provider name		TIN		NPI	
Street address		City, state		ZIP code	
Office Contact		Phone		Fax	
Treating/billing provider information					
Provider name		TIN		NPI	
Street address		City, state		ZIP code	
Office contact		Phone		Fax	
Facility information (place of service)					
Facility name		TIN		NPI	
Street address		City, state		ZIP code	
Office contact		Phone		Fax	
Authorization type					
Medical		Behavioral health		Inpatient Outpatient	
Request date:		Start date:		End date:	
Vaginal delivery Cesarean delivery Rehabilitation Skilled nursing facility Observation		Therapy services Outpatient surgery Home health Premature labor		Neonatal intensive care unit (NICU) Durable medical equipment (DME) Surgery	
				Applied behavioral analysis Psychological testing Substance use disorder (SUD)	
Other:					

Humana Healthy Horizons in South Carolina is a Medicaid Product of Humana Benefit Plan of South Carolina, Inc.

Diagnosis and procedure codes			
Primary ICD-10 codes:		Additional ICD-10 codes:	
CPT code:	Requested units:	CPT code:	Requested units:
CPT code:	Requested units:	CPT code:	Requested units:
Additional Information			

Note: All necessary documentation to support the medical necessity should be submitted with the authorization request to avoid a delay in processing.

Disclaimer: An authorization does not guarantee payment by Humana Inc. Responsibility of payment shall be subject to membership eligibility, benefit limitations, and medical necessity.