

<input type="checkbox"/> Standard	<input type="checkbox"/> Concurrent	<input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone number	Language spoken	
Other insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach a copy of the insurance card or insurance information	

Referring provider information Par Non-par Check if this will be the billing provider

Provider name	TIN	NPI
Street address	City, state	ZIP code
Office Contact	Phone	Fax

Treating/billing provider information Par Non-par Check if this will be the billing provider

Provider name	TIN	NPI
Street address	City, state	ZIP code
Office contact	Phone	Fax

Facility information (place of service) Par Non-par Check if this will be the billing provider

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:
----------------------	--------------------	------------------

<input type="checkbox"/> Vaginal delivery	<input type="checkbox"/> Therapy services	<input type="checkbox"/> Neonatal intensive care unit (NICU)	<input type="checkbox"/> Applied behavioral analysis
<input type="checkbox"/> Cesarean delivery	<input type="checkbox"/> Outpatient surgery	<input type="checkbox"/> Durable medical equipment (DME)	<input type="checkbox"/> Psychological testing
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Home health	<input type="checkbox"/> Surgery	<input type="checkbox"/> Substance use disorder (SUD)
<input type="checkbox"/> Skilled nursing facility	<input type="checkbox"/> Premature labor		
<input type="checkbox"/> Observation			
<input type="checkbox"/> Other: _____			

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.

Abbreviations:

TIN: Tax Identification Number

NPI: National Provider Identifier

ICD-10: International Classification of Diseases, Tenth Revision

CPT: Current Procedural Terminology