

Inpatient Service Authorization Request Form

Humana Healthy Horizons® in Virginia

Submit request for Service Authorization online at www.availity.com—our preferred method—or by fax to 931-650-3709.

Requests may be submitted up to 30 days prior to schedule procedures/services, provided Member is eligible.

Initial	Recertification	Change	Cancel
Srv. Auth. # _____		Change or Cancel: enter Srv. Auth. # to be changed or canceled. Recertification: Enter previous Srv. #;	
Date of request (mm/dd/yyyy) ____/____/____			
Review type (check one if applicable) Retrospective prepayment review (Date notified of eligibility ____/____/____) Retroactive MCO disenrollment			
Member Medicaid ID # (12 digit number): _____		Eligibility (Mandatory) Medicaid FFS Medicaid Expansion	
Member last name: _____		Member first name: _____	
Date of birth (mm/dd/yyyy) ____/____/____		Gender: Male Female	
NPI/API submitting provider name: _____			
Medicaid ID number: _____		9 digit ZIP code (Mandatory) _____	
NPI/API facility name: _____			
Medicaid ID number: _____		9 digit ZIP code (Mandatory) _____	
Treatment setting: Inpatient	Admission date: (mm/dd/yyyy) / /	Admission status: Urgent Elective	
Primary diagnosis code/description: (enter up to 5) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____			
Number of days requested: _____		Attending physician Medicaid ID number/NPI: _____	
Service authorization service type:		0200 Intensive Rehabilitation	



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

VAHMNVEEN_0525

Severity of illness (Clinical indicators of illness including abnormal findings):

Intensity of services (Proposed/Actual monitoring and therapeutic services):

Additional comments:

Contact name:

Contact telephone number:

Contact fax number: