Outpatient 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**

Recertification: Enter previous Srv. #; **Change or Cancel:** enter Srv. Auth. # to be changed or canceled. **Srv. Auth. #** _____

Transfers: ☐ Provider ☐ Commonwealth Coordinated Care ☐ Commonwealth Coordinated Care Plus

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/requesting service provider name and ID number: _____

9 digit ZIP code (Mandatory) _____

Treatment setting: ☐ Outpatient ☐ Provider's office ☐ Home ☐ Intensive outpatient

Primary diagnosis code/description: (enter up to 5) **1.** _____ **2.** _____
3. _____ **4.** _____ **5.** _____

NPI/API/referring provider name and ID number: _____

9 digit ZIP code (Mandatory) _____

Srv. Auth. service type:

☐ 0092 EPSDT: Orthotics/Chiropractic/ Hearing Aids/Assistive Technology
☐ 0100 DME
☐ 0204 Outpatient Rehab
☐ 0303 Prosthetics
☐ 0450 MRI
☐ 0451 CAT
☐ 0452 PET
☐ 0500 Home Health

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Humana Healthy Horizons in Virginia is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.
VAHMMWMEN _0425

Severity of illness (if applicable):

Intensity of illness (if applicable):

Additional comments:

HCPCS/CPT/Revenue code	Code description	Modifiers (if applicable)	Units requested	Actual cost per unit	Frequency	Total dollar requested	Dates of service (mm/dd/yyyy)
							From ___/___/_____ Thru ___/___/_____
							From ___/___/_____ Thru ___/___/_____
							From ___/___/_____ Thru ___/___/_____
							From ___/___/_____ Thru ___/___/_____
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							From ___/___/_____ Thru ___/___/_____
							From ___/___/_____ Thru ___/___/_____
							From ___/___/_____ Thru ___/___/_____
Contact name:							
Contact telephone number:			**Contact fax number:**				