



PRE-CERTIFICATION/AUTHORIZATION FORM

For Registered Providers with EPIC Link, please use the web portal to request prior authorization of medical services.

Phone 1-866-899-4828 | Fax: 1-844-870-0159

Line of Business: EMMA (Medicaid)

- Priority:** **EXPEDITED** (up to 2 business days) When a provider indicates, or the Managed Care plan determines, that following the standard timeframe could seriously jeopardize the enrollee's life, health or ability to attain, maintain or regain maximum function.
- STANDARD** (up to 7 calendar days)

All applicable fields must be completed for faster processing | ALL OUT OF NETWORK SERVICES REQUIRE PRIOR AUTH

MEMBER'S INFORMATION		
Member's Name:	D.O.B:	
Member's Medicaid ID:	Phone:	
Member's Address:		
REQUESTING PROVIDER INFORMATION (check one) <input type="checkbox"/> PCP <input type="checkbox"/> Specialist		
Office Contact Name:	Phone:	Fax:
Provider's Name:	Specialty:	
Signature:	Date Form Completed:	
REFERRED TO PROVIDER (check one) <input type="checkbox"/> In-Network <input type="checkbox"/> Out-of-Network		
Provider/Facility Name:	Phone:	Fax:
Address:	Phone:	Fax:
NPI #:	TAX ID:	
REQUESTED SERVICES (check one below) Date(s) of Service:		
<input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Home Health Services <input checked="" type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Observation <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hyperbaric treatment <input type="checkbox"/> Obstetrical Global notification <input type="checkbox"/> Office <input type="checkbox"/> Therapy Services <input type="checkbox"/> Transplant related services		
Diagnosis:	ICD-10:	
Tests/Procedures:	CPT Code(s):	HCPCS:
Therapy Services: <input checked="" type="checkbox"/> PT (97110) <input checked="" type="checkbox"/> OT (97530) <input checked="" type="checkbox"/> ST (92507) Visits:	Weeks:	Total Units
Clinical Summary/Findings: Please Attach Pertinent Medical Records to Assist in Authorization		

Statement to Provider: This authorization is for Medically Necessary Services Only. Payment is contingent on services being authorized, services being a covered benefit, coordination of benefits and patient eligibility at the time of service. Additionally, it is important that a report of the treatment provided or service(s) recommended be completed on this member and forwarded to the Primary Care Physician within 7 days of services.

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