

# Medicare Advantage Prior Authorization Fax request form



Providers must receive prior authorization for services before services are provided. Prior authorization does not guarantee payment. Payment is subject to coverage, patient eligibility and contractual limitations. **Please use the appropriate form for home health, durable medical equipment and postacute requests.**

Date     /     /		<b>Please check request type</b>	
<input type="checkbox"/> Standard request If the service has already been provided, please follow retroactive process and submit claim.		<input type="checkbox"/> Expedited request – may take up to 72 hours I certify that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy.  _____ Provider signature required	
Member name		Requesting provider	
Member ID		Provider NPI	
Member date of birth / /	Contact name		
	Contact phone		Contact fax
Date of service     /     /	Name and NPI of place of service/specialist		
Medicare Advantage only: Is provider part of a regulated facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diagnosis with ICD-10		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
Service or procedure, including codes		Quantity or number of visits requested	

**Please fax this form and supporting clinical information to the appropriate contact listed below:**

**Behavioral health**

Phone: 866-780-8546, Fax: 866-949-4846

**DME**

Phone: 800-914-8252, Fax: 877-451-5541

**Home health**

Phone: 800-903-7229, Fax: 855-761-7326

**Inpatient**

Phone: 888-454-0013, Fax: 866-234-7230

**Part B**

Phone: 888-454-0013, Fax: 877-730-3858

**Post-Acute Care**

Phone: 800-887-9733, Fax: 855-662-7973

**Post-Acute Concurrent**

Phone: 800-887-9733, Fax: 855-662-7969

**Prior authorization**

Phone: 800-453-4464, Fax: 866-287-5834

**Preferred Homecare (AZ DME)**

Phone: 480-446-9010, Fax: 480-446-7695

**EviCore healthcare**

**Oncology**

Phone: 866-668-9250, Fax: 800-540-2406

**MSK**

Phone: 888-693-3297, Fax: 866-693-3210

**High-tech radiology**

Phone: 888-693-3211, Fax: 888-693-3210

**Radiation therapy**

Phone: 866-686-4452, Fax: 866-699-8128

- For a list of services requiring prior authorization, visit [HealthSpring.com/Providers](https://www.healthspring.com/providers) or call your state's prior authorization department.
- If you need help finding a participating facility or provider, call 800-230-6138 or visit [HealthSpring.com](https://www.healthspring.com).