

MEDICARE ADVANTAGE PRIOR AUTHORIZATION



Generic fax request form

Providers: you must get Prior Authorization (PA) for services before service is provided. PA is not guarantee of payment. Payment is subject to coverage, patient eligibility and contractual limitations. **Please use appropriate form for Durable Medical Equipment (DME) and Home Health Care requests.**

Date ____/____/____

Please check request type

Standard request

Note: If the service has already been provided, please follow retro process and submit claim.

Expedited Requests-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

Patient name

Requesting provider

Patient ID #

Provider NPI #

Patient birthdate

Contact name

Contact phone #

Contact fax #

Date of service ____/____/____ Name of facility/place of service/specialist _____

MA ONLY: Is provider part of a regulated facility? Yes No

Diagnosis with ICD 10

Inpatient
 Outpatient

Service or procedure, including codes

Quantity or number of visits requested

Please fax this form and supportive clinical to Pre-Cert department below by market:

Market	Phone #	Fax #
TN, IL, IN, No. MS, No. GA, East AR	800.453.4464	866.287.5834
AL, FL, NC, SC, So. MS, Atlanta	800.962.3016	800.872.8685
TX, AR, OK	832.553.3456	888.205.8658
MA, PA, DE, DC, KC, CO, NJ	888.454.0013	800.931.0145

- For a list of services requiring PA, visit **MedicareProviders.Cigna.com** or call your state's Pre-Cert Department
- If you need help finding a PAR facility or provider, please call 800-230-6138 or visit **MedicareProviders.Cigna.com** and use the Provider Search Tool.