



Prior Authorization Request Form

Acute, Residential, RSPD

Provider Information			
Date Submitted:		Initial <input type="checkbox"/>	Concurrent <input type="checkbox"/>
Facility Name:		Admitting /Referring Provider	
Facility NPI:		Admitting/Referring NPI:	
Tax ID (TIN):		Facility Address: <input type="checkbox"/>	
Institution for Mental Disease (IMD) facility type?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Number:	
		Fax Number:	
Contact Name:		Email Address:	
Member Information			
Member Name:		Date of Birth:	
CareSource PASSE ID#:		Medicaid ID:	
ICD-10 Diagnosis Code(s):		Diagnosis Description:	
Guardianship: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:		
Division of Children and Family Services (DCFS) Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:		
Type of Request			
Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Retrospective <input type="checkbox"/>			
<input type="checkbox"/> Acute Psych Inpatient Authorization Guidelines: varies considering MCG criteria, clinical and social factors.	<input type="checkbox"/> Psychiatric Residential Facility Authorization Guidelines: 30-day authorization periods; after 180 days 14-day authorizations	<input type="checkbox"/> Rehabilitative Services for Persons with Physical Disabilities Authorization Guidelines: up to 60 days	
Recommended Clinical	<input type="checkbox"/> Admission Assessment <input type="checkbox"/> Medication List	<input type="checkbox"/> Psychiatric Assessment <input type="checkbox"/> Treatment plan goal progress	<input type="checkbox"/> Court orders <input type="checkbox"/> Discharge plans

INSTRUCTIONS:

- 1.) All non-urgent services should be reflected on the Person-Centered Service Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and Care Coordination. Care Coordination assignment can be found in the Provider Portal or by emailing carecoordination@caresourcePASSE.com.
- 2.) The following are the current methods for submitting an authorization. **Completed form is required.**
 - a. Email: ServiceDeterminations@caresourcePASSE.com
 - b. Fax: 1-844-542-2605
 - c. Provider Portal (preferred method)

AR-PAS-P-2417207

Disclaimer: An authorization is not a guarantee of payment; Member must be eligible at time of services rendered.

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