

Prior Authorization Request Form EIDT/ADDT and ST/PT/OT

Provider Information			
Group Provider Name:			
Date Submitted:		Contracted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group Provider NPI:		Group Tax ID (TIN):	
Individual Provider NPI:			
Medicaid ID:			
Contact Name:		Email Address:	
Provider Phone:		Fax Number:	
Provider Address:			
Member Information			
Member Name:		Date of Birth:	
CareSource PASSE ID#:		Medicaid ID:	
Care Coordinator Name:			
ICD-10 Diagnosis Code(s):		Diagnosis Description:	
Service Delivery Location		Request Type	
ADDT / EIDT <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Routine <input type="checkbox"/>	Urgent <input type="checkbox"/> Retrospective <input type="checkbox"/>
Authorizations Requests up to 6 months			
Service Start Date:	Service End Date:		

INSTRUCTIONS:

- 1.) Please refer to the [CareSource Procedure Look-up Tool](#) to determine Prior Authorization details prior to submission. Some services have pass-through benefits that may not require a prior authorization.
 - a. (i.e., OT/PT/ST each have a 90 min per week benefit before a prior authorization is required)
- 2.) All services should be reflected in 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.
- 3.) The following are the current methods for submitting an authorization. **This form is required.**
 - a. Fax: 1-844-542-2608
 - b. Provider Portal (preferred method)

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

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