Indiana Health Coverage Programs
Prior Authorization Request Form

Check the box of the plan in which the member is enrolled.

Program	Plan	Phone	Fax
Traditional	☐ ADVANTAGE Traditional	P: 800-269-5720	F: 800-689-2759
Hoosier Healthwise	☐ Anthem Hoosier Healthwise	P: 866-408-7187	F: 866-406-2803
	☐ Anthem HHW – SFHN	P: 800-291-4140	F: 800-747-3693
	☐ MDwise Hoosier Healthwise	See www.mdwise.org	
	☐ MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
Healthy Indiana Plan	☐ Anthem HIP	P: 866-398-1922	F: 866-406-2803
	☐ MDwise HIP	See www.mdwise.org	
	☐ MHS HIP	P: 877-647-4848	F: 866-912-4245
Hoosier Care Connect	☐ Anthem	P: 866-408-6132	F: 866-408-7087
	☐ MDwise	P: 844-293-6309	F: 844-407-6454
	☐ MHS	P: 877-647-4848	F: 800-912-4245
Care Select	☐ ADVANTAGE and MDwise	P: 800-784-3981	F: 800-689-2759

Please complete all appropriate fields.

Patient Information
Medicaid ID/RID#:
DOB:
Patient Name:
Address:
City/State/ZIP Code:
Patient/Guardian Phone:
PMP Name:
PMP NPI:
PMP Phone:

Ordering, Prescribing, or Referring (OPR) Provider Information
OPR Physician NPI#:

Medical Diagnosis (Use of ICD Diagnostic Code Is Required)					
Dx1		Dx2		Dx3	

Please check the requested assignment category below:

☐DME
- ☐*Purchased*
- ☐*Rented*

☐Home Health
☐Hospice
☐Inpatient
☐Observation
☐Office Visit
☐Occupational Therapy
☐Outpatient
☐Physical Therapy
☐Speech Therapy
☐Transportation
☐Other

Requesting Provider Information
Requesting Provider NPI#:
Tax ID#:
Service Location Code:
Provider Name:

Rendering Provider Information
Rendering Provider NPI#:
Tax ID#:
Name:
Address:
City/State/ZIP Code:
Phone:
Fax:

Preparer's Information
Name:
Phone:
Fax:

Dates of Service Start	Dates of Service Stop	Procedure/ Service Codes	Modifier(s)		Requested Service	Taxonomy	POS	Units	Dollars

Notes:

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PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner ______________________________ Date: ____________