Humana.

Authorization/Referral Request Form

Please complete all fields on this form and be sure to include an area code along with your telephone and fax numbers. To verify benefits, call: commercial – 800-448-6262, Medicare – 800-457-4708, Florida Medicaid – 800-477-6931, Kentucky Medicaid – 800-444-9137.

For services scheduled in advance, submit fax to 800-266-3022.

For behavioral health services, submit fax to 469-913-6941

For same-day appointments or urgent requests, call 800-523-0023.

To create a new referral or authorization online, visit Availity.com, which is available 24/7 for your convenience.

Contact person _____

Requesting provider _____

Phone number _____

Fax number _____

NPI or Tax ID _____

Patient Details		
Humana ID Number	Patient First Name	Patient Last Name
Date of Birth	ZIP Code	

Provider Details		
Treating Physician's Name		Facility Name Barnabas Behavioral Healthcare, LLC
NPI or Tax ID		NPI or Tax ID 571115889
Phone Number		Phone Number (803)216-0850
Fax Number		Fax Number efax (844)731-3038

Service Request		
○ Update	○ New Request	Case No. (if any)
○ Inpatient	Admission date:____/____/_____ Admission type: ○ ER ○ Non-ER ○ SNF ○ Rehab ○ LTAC ○ Other Bed type:_____ Discharge date: ____/____/_____ Discharged to:_____	
⊙ Outpatient	○ Evaluate and treat ○ Observation ○ Home health/hospice ○ DME rental ○ DME purchase ○ Diagnostic testing ○ Surgery ○ Other _____ First date: ____/____/_____ Last date:____/____/_____ Valid for: ○ 30 days ○ 60 days ○ 90 days ⊙ 1 year	
ICD-10 Code		
Diagnosis Description		
CPT/HCPC Codes	Counseling 90791, 90837, 90785 Med Management -90792, 99213, 99214, 99215, 90833, 90836,90785 90838	Number of Visits/Units As needed
Description of Codes	-----Counseling- initial evaluation and followup. Interactive Complexity. ------ Medical-Initial evaluation with medical services, EM established pt., counseling add on with medical services performed with EM. Interactive complexity.	

This form does not guarantee payment by Humana Inc. Responsibility for payment is subject to membership eligibility, benefit limitations and interpretation of benefits under applicable subrogation and coordination-of-benefits rules. For any other services, it will be necessary to obtain an additional authorization.

Attach supporting documentation (medical records, progress notes, lab reports, radiology studies, etc.) if needed. Please review guidance provided by www.CMS.gov and Prior Authorization List for further information.

Signature _____ **Date:** ____/____/_____

Stamp (for Humana use only)