

# Indiana Health Coverage Programs Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form

Please use this form and its associated attachment if you have a 3.1 or 3.5 American Society of Addiction Medicine (ASAM) residential designation or are an inpatient psychiatric facility/hospital.

Check the radio button of the entity that must authorize the service based on the member's enrollment/benefits.	<b>Fee-for-Service</b>	<b>Cooperative Managed Care Services (CMCS)</b>	<b>P: 1-800-269-5720</b>	<b>F: 1-800-689-2759</b>
	<b>Hoosier Healthwise</b>	<b>Anthem Hoosier Healthwise</b>	<b>P: 1-866-408-6132</b>	<b>F: Inpatient: 1-877-434-7578 Outpatient: 1-866-877-5229</b>
		<b>Anthem Hoosier Healthwise – SFHN</b>	<b>P: 1-800-291-4140</b>	<b>F: 1-800-747-3693</b>
		<b>CareSource Hoosier Healthwise</b>	<b>P: 1-844-607-2831</b>	<b>F: 1-844-432-8924</b>
		<b>MDwise Hoosier Healthwise</b>	<b>P: 1-888-961-3100</b>	<b>F: 1-888-465-5581</b>
		<b>MHS Hoosier Healthwise</b>	<b>P: 1-877-647-4848</b>	<b>F: Inpatient: 1-844-288-2591 Outpatient: 1-866-694-3649</b>
	<b>Healthy Indiana Plan (HIP)</b>	<b>Anthem HIP</b>	<b>P: 1-844-533-1995</b>	<b>F: Inpatient: 1-877-434-7578 Outpatient: 1-866-877-5229</b>
		<b>CareSource HIP</b>	<b>P: 1-844-607-2831</b>	<b>F: 1-844-432-8924</b>
		<b>MDwise HIP</b>	<b>P: 1-888-961-3100</b>	<b>F: 1-866-613-1642</b>
		<b>MHS HIP</b>	<b>P: 1-877-647-4848</b>	<b>F: Inpatient: 1-844-288-2591 Outpatient: 1-866-694-3649</b>
	<b>Hoosier Care Connect</b>	<b>Anthem Hoosier Care Connect</b>	<b>P: 1-844-284-1798</b>	<b>F: Inpatient: 1-877-434-7578 Outpatient: 1-866-877-5229</b>
		<b>MHS Hoosier Care Connect</b>	<b>P: 1-877-647-4848</b>	<b>F: Inpatient: 1-844-288-2591 Outpatient: 1-866-694-3649</b>

**Please complete all appropriate fields.**

Patient Information				
<b>IHCP Member ID (RID):</b>				
<b>Date of Birth:</b>				
<b>Patient Name:</b>				
<b>Address:</b>				
<b>City/State/ZIP Code:</b>				
<b>Patient/Guardian Phone:</b>				
<b>PMP Name:</b>				
<b>PMP NPI:</b>				
<b>PMP Phone:</b>				
Ordering, Prescribing, or Referring (OPR) Provider Information				
<b>OPR Physician NPI:</b>				
Medical Diagnosis (Use of ICD Diagnostic Code Is Required)				
<b>Dx1</b>		<b>Dx2</b>		<b>Dx3</b>

Requesting Provider Information	
<b>Requesting Provider NPI:</b>	
<b>Taxonomy:</b>	
<b>Tax ID:</b>	
<b>Provider Name:</b>	
Rendering Provider Information	
<b>Rendering Provider NPI:</b>	
<b>Tax ID:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>City/State/ZIP Code:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
Preparer's Information	
<b>Name:</b>	
<b>Phone:</b>	
<b>Fax:</b>	

Please check the requested assignment category below:

Inpatient                       Residential

Dates of Service Start	Stop	Procedure/ Service Codes	Modifiers	Service Description	Taxonomy	Place of Service (POS)	Units	Dollars

**Notes:**

**Mandatory Additional Documentation Checklist**

<i>Initial Assessment Form for Substance Use Disorder (SUD) Treatment Admission</i>	Intake assessment	Clinical assessment	Psychosocial assessment	Treatment goals and plans
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Signature of Qualified Practitioner \_\_\_\_\_ Date: \_\_\_\_\_