Wellpoint

Prior Authorization Request Form

Texas | Medicaid

Wellpoint prior authorization: **833-731-2162** (phone); **800-964-3627** (fax). To prevent any delays in processing your request, please fill the form out in its entirety with all applicable information.

Today's date:		**Provider return fax:**	
Member information			
Member name:		Date of birth:	
Wellpoint member ID:		Contact phone:	
Address/City/State/ZIP code:			
Additional member information:			
Referring provider	**Participating** ☐	**Nonparticipating** ☐	
Full name:		NPI:	
Specialty:		Provider ID:	
Office contact name:		Tax ID number (TIN):	
Office phone:		Office fax:	
Address/City/State/ZIP code:			
Servicing provider	**Participating** ☐	**Nonparticipating** ☐	
Full name:		NPI:	
Specialty:		Provider ID:	
Office contact name:		Tax ID number (TIN):	
Office phone:		Office fax:	
Address/City/State/ZIP code:			
Servicing facility	**Participating** ☐	**Nonparticipating** ☐	
Facility Name:			
NPI:		Provider ID:	
Facility contact name:		Tax ID number (TIN):	

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Facility phone:		Facility fax:	
Address/City/State/ZIP code:			
Requested service (for type of service, check all that apply)		**Date/date range of service**	
ICD-10 code(s):			
CPT® code(s) (include requested units/visits):			
Modifier(s):			
Type of service:	☐ Outpatient ☐ Planned inpatient ☐ Emergent inpatient ☐ Skilled nursing facility ☐ Long-term services & supports/long-term care ☐ Home health ☐ Durable medical equipment ☐ Diagnostic study ☐ Hospice ☐ Office visit ☐ Personal care services ☐ Other: _____		
Place of service:	☐ Hospital ☐ Ambulatory surgery center ☐ Office ☐ Home ☐ Independent lab ☐ Nursing facility ☐ Other: _____		
Review type:	☐ Urgent ☐ Nonurgent	Clinical reason for urgency:	
Requesting a prior auth for benefit exception (check box)		☐ Yes ☐ No	
Additional information:			

Please submit all appropriate clinical information, provider contact information, and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Wellpoint, please provide the authorization number with your submission in the Additional Information section.

Emergent — use for all nonelective **inpatient admissions only** when provider indicates that the admission was urgent, emergent, or expedited (for admission on same day).

Urgent — use for **outpatient services only** when provider indicates that the service is urgent, emergent, or expedited.