



Prior Authorization Waiver Approval Service Form

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form. Do not use this form is reducing currently approved EW services. Please complete the EW DTR Form.



Fax form and any relevant clinical documentation to: **612-884-2185** or **1-866-402-5018**.



For questions, **call: 612-676-6705** or **1-877-447-4384**.

PATIENT INFORMATION	Member Name _____	Member ID _____
	Member Address _____	PMI _____
	Member City, State, Zip _____	Date of Birth _____
	Member Phone _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
	ICD-10 _____	
ORDERING INFORMATION	Ordering Care Manager _____	Email _____
	Ordering Care Manager Phone _____	Fax _____

SERVICES/ PROCEDURES/ ITEMS REQUESTED	SERVICE AGREEMENT	
	Service Description _____	
	Start Date _____	Frequency _____
	End Date _____	Total Units _____
	Rate Per Unit – if negotiated _____ Total Amount per Date Span - CDCS only _____	
	Provider Name _____	EW NPI/Legacy # _____
	Provider Phone _____	Fax _____
	Please provide an explanation of your request (If adjusting authorization due to case mix change, DTR is required. For all other changes to existing authorizations, specific details are required.)	

Prior Authorization – Waiver Approval Service Form (continued)

	SERVICE AGREEMENT
SERVICES/ PROCEDURES/ ITEMS REQUESTED	Service Description _____
	Start Date _____ Frequency _____
	End Date _____ Total Units _____
	Rate Per Unit – if negotiated _____ Total Amount per Date Span - CDCS only _____
	Provider Name _____ EW NPI/Legacy # _____
	Provider Phone _____ Fax _____
	Please provide an explanation of your request (If adjusting authorization due to case mix change, DTR is required. For all other changes to existing authorizations, specific details are required.)
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	Please provide an explanation of your request (If adjusting authorization due to case mix change, DTR is required. For all other changes to existing authorizations, specific details are required.)

Notes: T2029 – Supplies/Equipment: please refer to EOC.
This approval form does not guarantee payment; benefits are subject to eligibility at the time service is being rendered.