Indiana Health Coverage Programs
Prior Authorization Request Form

Select the radio button of the entity that must authorize the service. (For managed care, check the member's plan, unless the service is carved out [delivered as fee-for-service].)

Fee-for-Service	○ **Acentra Health**	**P: 866-725-9991**	**F: 800-261-2774**
Hoosier Healthwise	○ **Anthem Hoosier Healthwise**	**P: 866-408-6132**	**F: 866-406-2803**
	○ **CareSource Hoosier Healthwise**	**P: 844-607-2831**	**F: 844-432-8924**
	○ **MDwise Hoosier Healthwise**	**P: 888-961-3100**	**F: 888-465-5581**
	◉ **MHS Hoosier Healthwise**	**P: 877-647-4848**	**F: 866-912-4245**
Healthy Indiana Plan (HIP)	○ **Anthem HIP**	**P: 844-533-1995**	**F: 866-406-2803**
	○ **CareSource HIP**	**P: 844-607-2831**	**F: 844-432-8924**
	○ **MDwise HIP**	**P: 888-961-3100**	**F: 866-613-1642**
	○ **MHS HIP**	**P: 877-647-4848**	**F: 866-912-4245**
Hoosier Care Connect	○ **Anthem Hoosier Care Connect**	**P: 844-284-1798**	**F: 866-406-2803**
	○ **MHS Hoosier Care Connect**	**P: 877-647-4848**	**F: 866-912-4245**
	○ **UnitedHealthcare**	**P: 877-610-9785**	**F: 844-897-6514**
Indiana PathWays for Aging	○ **Anthem PathWays**	**P: 844-284-1798**	**F: 866-406-2803**
	○ **Humana PathWays**	**P: 866-274-5888**	**F: 502-324-6376**
	○ **UnitedHealthcare PathWays**	**P: 877-610-9785**	**F: 844-897-6514**

Please complete all appropriate fields.

Patient Information

IHCP Member ID: 123456789A

Date of Birth: 05/12/1988

Patient Name: Jordan Smith

Address: 742 Evergreen Terrace

City/State/ZIP Code: Springfield, IN 46201

Patient/Guardian Phone: 317-555-0199

PMP Name: Dr. Alan Grant

PMP NPI: 9,876,543,210

PMP Phone: 317-555-0000

Ordering, Prescribing or Referring (OPR) Provider Information

OPR Provider NPI: 9,876,543,210

Medical Diagnosis (Use of ICD Diagnostic Code Is Required)

Dx1	M54.50	**Dx2**	M54.2	**Dx3**	R26.8

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/Provider ID: 1234567890

Taxonomy: 225100000X

Taxpayer Identification Number (TIN): 99-8765432

Provider Name: Active Recovery Spine Center

Provider Address: 100 Wellness Way, Indianapolis, IN 46204

Rendering Provider Information

Rendering Provider NPI/Provider ID: 1122334455

TIN: 99-8765432

Name: Sarah Jenkins, PT

Address: Indianapolis, IN 46204

City/State/ZIP Code:

Phone: 317-555-9999

Fax: 317-555-8888

Preparer's Information

Name: Kevin Miller

Phone: 317-555-9999

Fax: 317-555-8888

Dates of Service Start	Stop	Procedure/ Service Codes	Modifiers		Service Description	Taxonomy	Place of Service (POS)	Units	Dollars
02012	2/1/26	97110	GP		225100000X	11	1	150	

Notes:

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

Signature of Qualified Practitioner _____ Date: 01/20/2026

See the *IHCP Quick Reference Guide* for information about where to mail this form.