



Medicaid Out of Network Prior Authorization Request Form

Paper Claims Submission:
Chorus Community Health Plan
PO Box 359
Menasha, WI 54952
1-877-458-1289

Clinical Services Phone:
877-227-1142
Fax: 414-266-4726

- All in-network providers must use GuidingCare on the CCHP Provider Portal to submit their requests.
- Requests for out-of-network providers must be approved by CCHP's Utilization Management department before providing services.
- An approved request does not authorize payment of non-covered or exhausted benefits.
- **All fields are required.**

UM Clinical Contact Name:	UM Phone Number:
UM Contact Email:	UM Fax Number:

Member Information (all sections must be completed or it will be returned without review)

Member Name:	Member ID Number:	
Address:	Member Date of Birth:	
City:	State:	
Phone:	Zip Code:	

Referring Provider Information

Name:	Phone Number:	
Address:	Fax Number:	
City:	State:	Zip Code:
Provider NPI:	Provider Tax ID:	

Service Facility Information

Name:	Phone Number:	
Address:	Fax Number:	
City:	State:	Zip Code:
Facility NPI:	Facility Tax ID:	

Service Provider Information

Name:	Phone Number:	
Address:	Fax Number:	
City:	State:	Zip Code:
Provider NPI:	Provider Tax ID:	
Specialty:	Are you a Medicaid Provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Required Information for out-of-network referrals

List of in-plan providers that the member has already seen:			
Reason care cannot be provided in-network:			
Diagnosis code(s):		Diagnosis description:	
Start Date:		End Date:	

Service(s) Requested: Check one box below **Urgent Request**

<input type="checkbox"/>	Medical Inpatient	<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Observation	<input type="checkbox"/>	Inpatient Rehab (IPR)
<input type="checkbox"/>	Skilled Nursing Facility (SNF)	<input type="checkbox"/>	LTACH
<input type="checkbox"/>	Home Care	<input type="checkbox"/>	Dialysis
<input type="checkbox"/>	Medical Outpatient	<input type="checkbox"/>	DME Rental
<input type="checkbox"/>	Transplant Service	<input type="checkbox"/>	DME Purchase
<input type="checkbox"/>	Behavioral Health Inpatient	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	Behavioral Health Outpatient (Circle one below): IOP PHP Professional Services	<input type="checkbox"/>	

Include all CPT/HCPCS codes and number of visits/units for each code requested

Number of visits/units	CPT / HCPCS code	Number of visits/units	CPT / HCPCS code