Appendix F: Prior authorization process

Authorization for services does not guarantee payment. Providers must meet administrative requirements (client eligibility, claim timeliness, third-party insurance, etc.) before HCA pays for services. For more information on prior authorization and for self-service training materials on entering prior authorization requests through the ProviderOne portal, visit the Prior Authorization webpage.

Download the General Information for Authorization form, HCA 13-835.

> **Note**: See page two of the General Information for Authorization form, HCA 13-835, for complete instructions about completing the authorization form.

When faxing the General Information for Authorization form, HCA 13-835:

- Do not use a cover sheet when faxing an authorization request.
- Make the General Information for Authorization form, HCA 13-835 the first page of the fax.
- Only send one request form at a time.
- Disable the "bundle" setting for multiple fax transmissions when sending to a single fax number. If this function is not disabled, the entire bundle of faxes will be sent under the first cover sheet and cannot be scanned correctly.

A confirmation fax will be returned to the provider if the sending fax number can be identified by caller ID.