



Service Authorization Form (CSS01)

(Bolded lines must be completed where applicable)

You may call us at 1-800-511-5010 or 720-744-5100
Fax this form toll free to: 1-877-232-5976 or 303-755-4135

Stamp Here

Today's Date: _____

Requesting Provider: _____

Member Name: _____

Person Completing Form: _____

State ID: _____ DOB: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Language: _____

email address: _____

Clinical History: _____

Is this referral the result of an abnormal EPSDT screen/comprehensive well-child visit? No Yes
Does member have a case manager? No Yes If yes, name and phone number _____
Is member participating with any of the following programs? (circle) Prenatal Plus Nurse Family Partnership WIC
Does the member have other insurance? No Yes If yes, Medicare Other (specify) _____

1) ICD-9/Dx _____ 2) ICD-9/Dx _____

Check service requested (Use CSS02 if more than one service type needs authorization)

OB Services Gravida _____ Para _____ EDC _____
High Risk No Yes Reason _____

Specialist Referral (circle) 3 month 6month pregnancy 12 months * Co-manage for 1 year*
Requested Visits _____

*PCP Signature _____ Date _____
*Required

Procedure: CPT Code(s) _____ Outpatient Inpatient Days needed _____

Therapies PT OT ST Home Outpatient Number of Visits _____ Frequency _____

Home Health RN CNA/HHA Number of Visits _____ Frequency _____

DME _____ CPT/HCPCS _____ CPT/HCPCS _____

Other _____

Provider (full name) _____

Specialty _____ Phone _____ Fax _____

Facility _____ Phone _____ Fax _____

Colorado Access use only

Authorization # _____

Dates of service _____

Colorado Access Service Authorization

Instructions 02/13/02

- This form replaces the Referral form, Authorization Request, OB Panel Authorization, Therapy Requests and DME Request.
 - Initiation of prenatal care and all OB imaging and fetal monitoring services must be authorized using this form.
 - Fax the completed form toll-free to 1-877-232-5976.
 - For an expedited request, call Colorado Access Clinical Support Services at 1-800-511-5010. For qualifying requests, authorization will be given to you on the phone.
 - You must print or stamp the name of the referring physician in the upper right-hand corner of the form so that the consultation report can be returned to the referring provider.
 - Requests for specialty care can be for three (3) or six (6) months, one year, or one (1) year with the option for co-management (specialist can treat the member independent of the PCP without additional referrals). Both year-long referrals require PCP signature.
 - Co management allows the specialist to treat and refer the member directly, i.e., requests for service do not need to come from the PCP.
 - Unlimited visits will not be granted except for extended referrals.
 - To request services requiring prior authorization attach medical records demonstrating medical necessity. For a list of services requiring prior authorization, see the list in the online Provider Manual or contact your Provider Network Services Representative.
 - Do not send this form to the specialist. Once all necessary information has been received, you will be notified by fax within three (3) working days if your request has been approved. Services rendered without authorization will be denied.
 - If there is clinical information you would like the specialist to receive, attach the information to the Service Authorization Form.
 - The bold areas of the form indicate required information. If we receive an incomplete or illegible Service Authorization Form, it will be returned for the necessary information.
 - The authorization number you receive must be included on the claim to ensure payment.
 - Once all necessary information is received, you will be notified within three (3) working days.
 - Prior authorization requests must be made by phone or in writing one (1) week prior to service.
 - Urgent requests should be phoned in.
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This request is not a guarantee of payment. Eligibility must be verified at the time of service. For questions regarding eligibility, please call Colorado Access Member Relations at 1 (800) 511-5010, option 1.