



Abri Health Plan - Referral & Pre-Authorization Request Template

Interactive Voice Response (IVR) System Access Telephone: **414.847.1790**

Called In By: \_\_\_\_\_ Called In Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

1.	Enter Access Code	Provider Medicaid ID _____ + IVR Code _____ (8 Digits) (5 Digits)
2.	Enter Patient's Member ID	10 Digits _____
3.	<b>Press 1</b> To Enter A Referral <b>Press 2</b> To Enter A Pre-Authorization	
4.	<i>Ignore for Pre-Authorization</i> Enter "Referring To" Provider Number	"Referring To" Provider Name _____ "Referring To" <b>Abri</b> Assigned Provider # _____ (See Abri Health Plan Provider Directory)
5.	<b>Press 1</b> To Skip Procedure Code Entry <b>Press 2</b> To Enter Procedure Code	CPT-4 _____ HCPCS _____ Revenue _____ (5 Digits) (5 Digits) (4 Digits)
6.	Enter Diagnosis Code	ICD-9
7.	Enter Start Date (MMDDYYYY)	Date:
8.	Enter End Date (MMDDYYYY)	Date:
9.	Enter Number Of Service Units	Units:
10.	Enter Request Type <b>01</b> For Referral and <b>02</b> For Pre-Authorization	Type:
11.	<b>Press 1</b> To Submit Request for Processing <b>Press 2</b> To Re-Enter Request <b>Press 3</b> To Cancel Request	

**Referral / Pre-Authorization Number:** \_\_\_\_\_. No requests for referral or pre-authorization are approved immediately. All requests are reviewed prior to determination of approval. You may be required to submit medical records, please fax them to: 414.771.1159. A paper copy of the **Referral** will be mailed to the "Referring To" provider. A paper copy of the **Pre-Authorization** will be mailed to the requesting provider.

To inquire about the status of a Referral/Pre-Authorization please use Abri's IVR system or contact customer service at 414.847.1776 or 888.999.2404.

FILE THIS REQUEST IN THE PATIENT'S CHART