

Justice Release Program Inquiry
Honor Authorization Inquiry
DO NOT ATTACH CLINICAL TO THIS FAX

Internal Use Only: Date Received: [Click here to enter a date.](#) Time Zone: [Choose an item.](#)

Member Information

Member First Name:	Member Last Name:
Member DOB:	Member Medicaid ID:

Provider Information

Date of Request:	Time of Request:
Requesting Facility or Group Name:	
Requesting Facility Contact Person:	
Requesting Facility Fax Number:	

Authorization Information

Anticipated Admission Date:	
Admitting Provider:	
Requested Level of Care:	
<input type="checkbox"/> ASAM 3.5	<input type="checkbox"/> Short-Term Res H0018
<input type="checkbox"/> ASAM 3.3	<input type="checkbox"/> Long-Term Res H0019
<input type="checkbox"/> ASAM 3.1	

Clinical Information

Current Primary ICD-10 Diagnosis Code:	Current Primary ICD-10 Diagnosis Name and Description:
Additional ICD-10 Diagnoses Code(s):	Additional ICD-10 Diagnoses Name(s) and Description(s):

The WA IMC Honor Authorization Inquiry process is designed for Members transitioning from incarceration directly to a treatment facility while their Medicaid is in suspended status.

- Please **do not** send clinical information with this initial fax request.
- After receiving an Honor Authorization Inquiry UnitedHealthcare will fax a temporary Honor Authorization Inquiry Number to the requester to provide to the accepting facility.
- After the Member is admitted and Medicaid is taken out of suspended status the accepting facility will need to fax clinical information to UnitedHealthcare.
- UnitedHealthcare will accommodate delays in Provider1 updates by backdating authorizations to coincide with the month Provider1 was reinstated.

Approval for Honor Authorization will be honored for UnitedHealthcare members that were granted Honor Authorizations by other MCOs.