



Minimum Pre-Authorization Request Requirements

All pre-authorization requests must contain the following minimum information:

- Requesting or Ordering Provider
- Rendering Provider
- Member Name
- Member Birth Date
- Member ID
- Service Requested (CPT code or range)
- Diagnosis (ICD-10 code)
- Clinical Information

Montefiore IPA participating providers are required to use CMO's Post N Track portal for pre-authorization requests. For portal access and instructions, please visit CMOCares.org, Provider Services Center for more information.

If you are not in the IPA, you can download the [attached form](#), print it and fill it out and call CMO Customer Service at 914-377-4400 to obtain the correct fax number for the requested service or geographic area.