

# How to submit a preauthorization

## Medical Services

### 1. Faxing

- a. Access the Texas Department of Insurance preauthorization form at:  
<https://www.tdi.texas.gov/forms/lhlifehealth/nofr001.pdf>
- b. Complete the form and fax to:  
Harbor Health Pre-Auth / A&G Fax Line #: **(512) 271-4493**
- c. Fax in additional clinical information **WITH** the pre-authorization form that describes the medical necessity for the requested service in detail.

### 2. Harbor Health Provider Portal

- a. Request access to the Harbor Health Provider Portal at  
<https://harborhealth.com/partner/provider/resources#ClaimsAndEligibility>
- b. Submit the preauthorization form and additional clinical information that describes the medical necessity for the requested service as guided by the Portal workflow.

### 3. Submit using **your electronic health record** (e.g. Epic, Athena, etc.) preauthorization capabilities

### 4. Mail

- a. Access the Texas Department of Insurance preauthorization form at:  
<https://www.tdi.texas.gov/forms/lhlifehealth/nofr001.pdf>
- b. Complete the form and mail to:  
Harbor Health Insurance Company  
Attn: UM Department  
P.O. Box 211262  
Eagan, MN 55121
- c. Mail additional clinical information **WITH** the pre-authorization form that describes the medical necessity for the requested service in detail.

# Medications

## 1. Faxing

- a. Access the Texas Standard Prior Authorization Request Form for Prescription Drug Benefits located at:  
<https://harborhealth.com/partner/provider/resources#PharmacyProgram>
- b. Complete the form and fax to CapRx Fax Line #: **833-434-0563**
- c. Fax in additional clinical information **WITH** the pre-authorization form that describes the medical necessity for the requested medication in detail, if necessary.

## 2. Mail

- a. Access the Texas Standard Prior Authorization Request Form for Prescription Drug Benefits located at:  
<https://harborhealth.com/partner/provider/resources#PharmacyProgram>
- b. Complete the form and mail to:  
Capital RX Claims Department  
9450 SW Gemini Drive  
#87234  
Beaverton, OR 97008
- c. Mail in additional clinical information **WITH** the pre-authorization form that describes the medical necessity for the requested medication in detail, if necessary.

Pre-authorization does not guarantee payment. All services remain subject to member eligibility, applicable benefit limitations, and a determination of medical necessity at the time of claim submission. Emergency services, as defined by applicable law, do not require pre-authorization; however, notice following emergency treatment and authorization for any subsequent care may be required.

Contracted providers are responsible for obtaining pre-authorization where required. This includes submitting all necessary documentation, clinical records, and other supporting materials in a timely and accurate manner. Providers must understand which services require authorization, the appropriate submission channels, and the documentation standards necessary to support the request.

Utilization review activities are conducted in accordance with applicable federal and state laws, including Texas Insurance Code Chapter 4201. HHIC may perform these activities directly or through a delegated entity pursuant to applicable delegation arrangements.

For questions regarding preauthorization services, please contact the Harbor Health provider services team at: 855-481-0525.