

Prior Authorization Request Form

Please Expedite*

Justification for Expedited Request:

Submit requests to:

Fax: 877-218-9089

Phone 800-325-6201

If no justification given, request will be processed as standard

*Please ONLY check this option if the provider believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy (CMS definition)

1. Member Information & Background

Patient Name: _____	Previous auth # (if applicable): _____
Member/Patient ID Number: _____	Contact Name: _____
Patient DOB: _____ Pt. phone: _____	Contact Phone: _____ Fax: _____
Patient Address: _____	Requesting Provider: _____
_____	Requesting Provider NPI#: _____
ICD-10Code(s): _____	Treating Provider: _____
CPT/HCPCS Code(s): _____	Treating Provider NPI#: _____
Date of Admission/Procedure: _____ TBD	Admitting Provider: _____
Type: IP Hospital	Admitting Provider NPI#: _____
# Visits/Units/Days: _____	Servicing Facility: _____
Authorization Date Span: _____ - _____	Svc Facility NPI#: _____

For inpatient services: If overnight admission is planned, please provide justification (e.g. procedure on CMS inpatient only list). **Note:** Must specify IP admission with appropriate code in CPT Code field above or services are assumed & reviewed as OP setting.

Comments:

This form must be filled out completely. Chart notes are required and need to be submitted with this request. Incomplete requests will be returned to the requester.

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.