

# Prior Authorization

Please provide all necessary information. Submitting requests that are illegible or with sections left blank, or requests missing necessary clinical, may delay the review process.

## Section I -- Submission

Requestor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

## Section II -- General Information

Review Type:  Non-Urgent  Urgent (The member's life, health or safety could be jeopardized or adverse health consequences could occur without the requested service.)

Request Type:

Initial Request

Extension/Renewal/Amendment

For urgent requests outside of normal business hours, on weekends, or holidays please call PCN at the below toll free numbers to ensure timely processing of your request.

Clinical Reason for Urgency: \_\_\_\_\_

Prev. Auth #: \_\_\_\_\_

## Section III -- Patient Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Subscriber Name (if different): \_\_\_\_\_ Member or Medicaid ID #: \_\_\_\_\_

## Section IV -- Provider Information

### Requesting Provider or Facility

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

NPI #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Requesting Provider's Signature and Date (if required): \_\_\_\_\_

### Service Provider or Facility

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

NPI #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Care Provider Name (see instructions): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Section V -- Services Requested (with CPT or HCPCS Code) and Supporting Diagnoses (with ICD Code)

Planned Services or Procedure	CPT/HCPCS Code	Start Date	End Date	Diagnosis Description	ICD-10 Code

Home Health (MD Signed Order Attached?  Yes  No) (Nursing Assessment Attached?  Yes  No)

Number of Visits: \_\_\_\_\_ Duration: \_\_\_\_\_ Frequency: \_\_\_\_\_ Other: \_\_\_\_\_

DME (MD Signed Order Attached?  Yes  No) Quantity / Units \_\_\_\_\_

Equipment / Supplies (include any HCPCS Codes): \_\_\_\_\_ Duration: \_\_\_\_\_

**Notes:**