

Provider Checklist for Outpatient Prior Authorization



Please use this checklist as a guide to ensure you include all necessary information for ALL prior authorization requests. Incomplete submissions have the potential to cause delays up to 14 days.

DEFINITION OF A MEDICALLY URGENT REQUEST

Request for medical care or services where application of the standard timeframe for making routine or non-life-threatening care determinations could seriously jeopardize the life, health or safety of the member (i.e., care or services must be performed within 72 hours).

MEMBER (PATIENT) INFORMATION

- Member Name
- Member Identification Number
- Member Date of Birth

REFERRED BY PROVIDER INFORMATION

- Provider's Full Name and NPI number
- Referred by provider's phone number
- Referred by provider's fax number (VERY IMPORTANT)

FOR REFERRALS (TERTIARY OR OUT OF NETWORK)

- Referred to Provider's Full Name and NPI number
- Referred to provider's phone number
- Referred to provider's fax number (VERY IMPORTANT)
- Primary diagnosis (ICD 10) code
- What medical need will the Out of Network/Tertiary provider address?
- Who is recommending the referral?
 - PCP
 - SPECIALIST
 - MEMBER
- Current medical history and physical exam notes
- Include office notes from any Specialists the member may have seen in their local service area; include pertinent lab and imaging reports

THE FOLLOWING INFORMATION IS REQUIRED FOR REVIEW

FOR FOLLOW-UP REFERRAL REQUESTS

- Provide the office notes from the member's appointment with that Specialist

FOR PROCEDURES

- Provider's Full Name and NPI number
- Facility's Full Name and NPI number
- CPT, HCPC, or Revenue code
- Primary diagnosis (ICD 10) code
- Current history & physical exam and pertinent treatment notes. (May require past 3 to 6 months of medical notes and/ or imaging reports depending upon procedure).

FOR DME (DURABLE MEDICAL EQUIPMENT)

- Ordering Physician's Full Name and NPI number (in Referring Provider Field)
- DME Provider's Full Name and NPI number (In Referred To Provider Field)
- Primary diagnosis (ICD 10) code
- HCPC(s) code
- Physician prescription
- Current Face-to-Face history, physical exam notes, and/or imaging reports to support medical necessity. Please note: may require past 3 to 6 months of medical notes and/ or imaging reports depending upon DME item requested.

PLEASE UTILIZE APPLICABLE INTERQUAL AND/OR MEDICAL POLICY.

FOR ANY ISSUES UPLOADING NOTES:

Please upload clinical documentation to support the medical necessity of this request. If you have questions or have issues with accessing this online system, please contact Provider Network Management at (800) 851-3379 for assistance.