



Prior Authorization Request Form

For a better experience, complete this form and either fax it to 1-559-243-7012 or email to UMFax@healthcomp.com.

Our goal is to provide the most appropriate and timely care for our mutual patients. To this end, "Urgent" is defined as: Medical services that are needed in a timely or urgent manner that would subject the member to adverse health consequences without the care or treatment requested. Mountain Health Co-Op reserves the right to classify Urgent requests as standard requests when this definition is not met.

Date of Request _____ Scheduled Start Date _____ End Date _____

Urgent Routine If urgent, give reason _____

Outpatient Inpatient Number of Pages _____ Referral Number _____

Urgent requests will be completed in 72 hours and standard requests will be completed in 14 calendar days when all required documentation is received.

To provide better patient care and to avoid delays, submit a fully completed form and complete clinical documentation. Failure to submit required documentation may result in processing delays, the inability to establish medical necessity, and possibly a denial.

Patient Name _____ DOB _____ ID # _____

Procedures	ICD-10	CPT Codes	Units/Visits	Estimated Costs

Requesting Physician _____ NPI _____

Contact Name _____ Phone _____ Fax _____

Address _____



Service Rendering Hospital/Facility _____

TIN _____ NPI _____ Contact Name _____

Phone _____ Fax _____ Service _____

Address _____

Service _____ Rendering Physician _____

NPI _____ Contact Name _____

Phone _____ Fax _____

Information

Inpatient Admissions

Admitting Orders, H&P, ED documentation, Labs, Imaging Results & Medications
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Procedure/Imaging Clinical Documentation Needed

Physician notes – physical statement, detailed physical exam on affected site, radiological findings, lab results, specific indication and other pertinent information related to the request

NSAID usage, physical therapy and all other medical modalities tried – start and end time and the effectiveness of the medication, other modalities, and PT services (for imaging request)
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Power or Custom Wheelchair Documentation Needed

Current wheelchair type, date of purchase, and purchaser (insurance, private)

Clinical evaluation by patient's PCP addressing ambulatory ability, prognosis, in LOMN form

Wheelchair evaluation by PT/OT within 6 months for clients 21 and older; Shriners and primary Children's are affiliates within 3 months for under 21
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Patient skills check list for power chair, Barriers to transport, use/accessibility of residents have been addressed, Repair history of current wheelchair if applicable
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