Subject: Authorization Request Form

Plan: Coordinated Care, Option 1, & Vita Health

Bulletin Number: 15-001

Bulletin Date: March 11, 2015

Effective Date: Immediately

The purpose of this bulletin is to inform all participating providers of the revised Authorization Request Form and the necessary information needed when completing the form.

Beginning April 1, 2015 in order for an authorization to be considered for approval, the new form must be utilized. Please dispose of all old forms.

The new form contains an Inpatient and Outpatient check box to be marked accordingly. All forms must be completed in full including Diagnostic, CPT and HCPCS Code(s) with their appropriate descriptors.

The code(s) must be consistent with the service(s) requested. The rendering provider along with the correct NPI number also needs to be completed.

SERVICE REQUEST

Provider Name: ___________________________ NPI# (Required) ___________________________ Phone #: ___________________________

Facility: ___________________________ Date of Service ___________________________ Fax #: ___________________________

Diagnosis: ___________________________ ICD-9 Code(s): ___________________________

Diagnosis: ___________________________ ICD-9 Code(s): ___________________________

Procedure: ___________________________ CPT/CHPCS Code(s): ___________________________

Procedure: ___________________________ CPT/CHPCS Code(s): ___________________________

Hx or Other Comments: ___________________________

A copy of the new form is available on our website: www.hcdpbc.org

- Health Coverage
- Coordinated Care Program
- Providers
- Handbook, Directory & Forms
  - Forms
  - Authorization Request Forms

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.