



## Physician/Provider Bulletin

<b>Subject:</b>	<b>Authorization Request Form</b>		
<b>Plan:</b>	Coordinated Care, Option 1, & Vita Health	<b>Bulletin Date:</b>	March 11, 2015
<b>Bulletin Number:</b>	15-001	<b>Effective Date:</b>	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 _____		<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient
Provider Name: _____	NPI# (Required) _____	Phone #: _____	Fax #: _____
Facility: _____	Date of Service _____	# Visits: _____	
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](http://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.