SIMPRA ADVANTAGE PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

UM Phone: 1-844-637-4770 UM Fax: 251-725-5099; 659-223-0766 (Beginning 12/1/2024)

Only one request per fax is permitted.

SimpraAdvantage Alabama's Healthplan

Do NOT Use This Form to Request Home Health

Clear Form | Print

SECTION I — GENERAL INFORMATION

Review Type: ☐ Non-Urgent ☐ Urgent ☐ Continuation of Care for new Simpra Member ☐ Notification Only- ED Visits			
Clinical Reason for Urgency:			
Request Type: ☐ Initial Request ☐ Extension/Renewal/Amendment		Prev. Auth. #:	

SECTION II — PATIENT INFORMATION

Name:	Phone:	DOB:	☐ Male ☐ Female ☐ Other ☐ Unknown
Subscriber Name (if different):	Simpra Member ID #:	Group #:	

SECTION III — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:
Contact name if there are questions:	Direct Phone #:	Primary Care Provider Name:	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

SECTION IV — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Service Description AND CPT/HCPCS Code	Quantity	**Start Date**	**End Date**	**Diagnosis Description**	**Code**

☐ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other:

☐ SNF A ☐ Skill in Place ☐ Initial ☐ Extension If notifying of ED visit with SNF, date of ED visit? # of Days:

From Date: To Date: Please do not leave any blank responses. ICD-10:

☐ Part B Physical Therapy ☐ Initial ☐ Extension & date of last visit was? # of Visits:

From Date: To Date: Please do not leave any blank responses. ICD-10:

☐ Part B Occupational Therapy ☐ Initial ☐ Extension & date of last visit was? # of Visits:

From Date: To Date: Please do not leave any blank responses. ICD-10:

☐ Part B Speech Therapy ☐ Initial ☐ Extension & date of last visit was? # of Visits:

From Date: To Date: Please do not leave any blank responses. ICD-10:

☐ DME (MD Signed Order Attached? ☐ Yes ☐ No) (Medicaid Only: Title 19 Certification Attached? ☐ Yes ☐ No)

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

SECTION V — CLINICAL DOCUMENTATION