

SIMPRA ADVANTAGE PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

UM Phone: 1-844-637-4770 UM Fax: 659-223-0766

Only one request per fax is permitted.



Do NOT Use This Form to Request Home Health

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