

Preauthorization Request

DOC TYPE 1M

RMHP Statewide Fax: 877-201-7302 or 970-254-5738

WINhealth Partners Fax: 877-825-3018

Date Request Submitted: _____

New Request Revised Request — Original Reference # _____

To ensure your pre-service request is completed in a timely manner, please allow:

Medicaid — 10 days

Medicare — 14 days

CHP+ — 15 days

Commercial — 15 days

NOTE: Clinical notes are required to complete the review for preauthorization of services.

Patient name: _____ Member ID#: _____ - _____

Date of birth: _____ Person completing form: _____

Requesting physician (Please use full name): _____

Provider fax #: _____ Provider phone #: _____

Date of service: _____ ICD-9 Code: _____

Diagnosis: _____

Facility/office where service to be performed: _____

Address and phone number: _____

Services:

Inpatient stay Observation stay OP Surgery Office Transplant

CPT Code(s): _____ Surgical assist requested: Yes No

Surgical procedure: _____

Diagnostic Services:

Type of OP diagnostic test: _____ CPT Code(s): _____

Other Services (Drugs/Enteral Nutrition):

Name of drug/product: _____ HCPCS Code(s): _____

Quantity requested (# of injections): _____ Duration: _____

Where RMHP member will get the product: _____

The preauthorization for services noted in this form is only for the time period during which the patient remains eligible on the patient's current health benefit plan or for a shorter period as specified in this form. Rocky Mountain Health Plans is not financially responsible for the services that are preauthorized if the patient is not eligible on the date services are provided. Further as permitted by applicable law, this preauthorization is subject to concurrent review as to medical necessity, appropriateness or efficacy, and coverage for services being provided and is subject to the terms and conditions in the Member's Evidence of Coverage, including but not limited to, coordination of benefit provisions, preexisting conditions and limitations, and any agreements between Rocky Mountain Health Plans and the health care provider. Billing for the services preauthorized on this form is subject to nationally standardized rules for coding and paying health services as used by Rocky Mountain Health Plans.

Confidentiality Notice:

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