



**TPN (Total Parenteral Nutrition)
Prior Authorization Form
Complete Patient and Physician Information (PLEASE PRINT)**

Step 1:	
Patient Name:	Physician Name:
Address:	Address:
	NPI#:
Member ID:	Phone #:
Member DOB:	Fax #:
Service Provider Pharmacy Name:	Person completing form:
Pharmacy Phone:	Date of Service:

Step 2:		
Complete the Clinical Assessment		
Diagnosis (please check one)	<input type="checkbox"/> Please indicate Pertinent Diagnosis for TPN Therapy: _____	ICD-9 =
Clinical Consideration	<input type="checkbox"/> TPN therapy is expensive, in some cases costing greater than \$100,000 per year. The purpose of this PA form is to notify the appropriate case manager of any new long-term (>30 days) TPN patients. Expected length of therapy _____ If >30 days, case manager notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HCPCS Code:		
Supporting Documentation	Please attach a copy of the clinical information or provide ALL of the information below: Strength _____ Sig _____ Qty _____ Duration _____	
<input type="checkbox"/> Inpatient stay <input type="checkbox"/> Observation stay <input type="checkbox"/> Outpatient services <input type="checkbox"/> Office <input type="checkbox"/> Home		
Please attach all relevant medical records and test results. Incomplete forms will not be processed.		

Step 3
Fax completed form to Rocky Mountain Health Plans: 877-201-7302 or 970-254-5738 WINhealth Partners: 877-825-3018

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 at the date services are provided. Further as permitted by applicable law, this preauthorization is subject to concurrent review as to medical necessity, appropriateness of efficacy and coverage for services being provided and is subject to the terms and conditions in the member's health benefit contract, including but not limited to coordination of benefits, 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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