



Prior Authorization Request Form	General Request
UHSM Fax: (888) 858-3315	UHSM Mail: Dominion Tower 999 Waterside Drive, Ste. 2525 & 2600 Norfolk, VA 23510
Notice: UHSM has a 5 Business Day turn-around time on all Prior Authorization Request. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.	
Provider Information	Member Information
Servicing Provider/Vendor/Lab's Name and Address:	Member's Name:
Tax ID#: NPI:	Birth Date:
Referring/Prescribing Physician's Name:	UHSM Member ID Number:
<input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: Please identify specialty:	Place of Service:
Servicing Facility Name and Address:	<input type="checkbox"/> Physician's Office <input type="checkbox"/> Freestanding Ambulatory Surgery Center
Tax ID#: NPI:	<input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency
Office Contact:	<input type="checkbox"/> Outpatient Hospital Care
Phone Number:	<input type="checkbox"/> Long Term Care <input type="checkbox"/> Inpatient Hospital Care
Fax Number:	<input type="checkbox"/> Other (explain): _____
Anticipated Date of Service: _____	
Please enter all codes requested; "by report" codes must have a description of why the code is being used	
ICD-10 CODE(S):	
CPT CODE(S):	
HCPCS CODE(S):	
PATIENT CLINICAL INFORMATION	
Please provide the following documentation:	
<ul style="list-style-type: none">• History and physical and/or consultation notes including:<ul style="list-style-type: none">○ Clinical findings (i.e., pertinent symptoms and duration)○ Comorbidities○ Activity and functional limitations○ Family history if applicable○ Reason for procedure/test/device, when applicable○ Pertinent past procedural and surgical history○ Past and present diagnostic testing and results○ Prior conservative treatments, duration, and response○ Treatment plan (i.e., surgical intervention)• Consultation and medical clearance report(s), when applicable• Radiology report(s) and interpretation (i.e., MRI, CT, discogram)• Laboratory results• Other pertinent multidisciplinary notes/reports: (e.g., psychological or psychiatric evaluation, physical therapy, multidisciplinary pain management) when applicable	

For questions: Call UHSM at 1(800) 900-8476 or (757) 210-3435

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