



Prior Authorization Request Form	General Request
UHSM Fax: (888) 858-3315	
Notice: UHSM has a 5 Business Day turn-around time on all Prior Authorization Requests. 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: Tax ID#: NPI:	Place of Service: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Freestanding Ambulatory Surgery Center <input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Other (explain): _____
Servicing Facility Name and Address:	
Tax ID#: NPI:	
Office Contact:	
Phone Number:	Anticipated Date of Service: _____
Fax Number:	
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 (800) 900-8476 or (757) 210-3435

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