

Prior Authorization Request Form	General Request
UHSM Fax: (888) 317-9602	
<p>Notice: UHSM has a 3 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. Pre-authorizations are valid for 90 days. Prior authorizations are for professional and institutional services only. All oral medication requests must go through members' pharmacy benefits. By submitting this prior authorization, you are agreeing to work with UHSM on in-network pricing.</p>	
Provider Information	Member Information
Servicing Provider/Vendor/Lab Name and Address:	Member 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:
Servicing Facility Name and Address:	<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): _____
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	
<p>Please provide the following documentation:</p> <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 question: Call UHSM at (800) 900-8476 or (757) 210-3435

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