PALMETTO GBA
A CELERIAN GROUP COMPANY

PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION
FIELDS WITH A RED ASTERISK (*) ARE REQUIRED.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Outpatient Prior Authorization Request

Facility Information

Name*

NPI*

PTAN*

State / Contract ID

- ◯ Alabama - 10111
- ◯ Georgia - 10211
- ◯ Tennessee - 10311

Beneficiary Information

First Name*

Last Name*

Date of Birth* / /

Medicare ID*

Gender*

- ◯ Male
- ◯ Female

Operating Physician Information

First Name*

Last Name*

NPI*

PTAN*

Address*

,

Attending Physician Information

☐ Same as Operating Physician

-or-

First Name*

Last Name*

NPI*

PTAN*

Address*

,

This form continues on page 2.

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Outpatient Prior Authorization Request - Page 2

Request Details

☐ This is a resubmission. If yes, please provide UTN below.

☐ Is this life threatening? If yes, please explain below.

Primary Diagnosis Code*

Secondary Diagnosis Code*

Additional Diagnosis Code(s)

Procedure Codes - Please select all procedure codes for this request.

Botox

☐ 64612 ☐ 64615 ☐ J0585 ☐ J0586
☐ J0587 ☐ J0588

Blepharoplasty

☐ 15820 ☐ 15821 ☐ 15822 ☐ 15823
☐ 67900 ☐ 67901 ☐ 67902 ☐ 67903
☐ 67904 ☐ 67906 ☐ 67908

Cervical Fusion With Disc Removal

☐ 22551 ☐ 22552

Facet Joint Interventions

Select One:* ○ Initial ○ Subsequent

☐ 64490 ☐ 64491 ☐ 64492 ☐ 64493
☐ 64494 ☐ 64495 ☐ 64633 ☐ 64634
☐ 64635 ☐ 64636

Implanted Spinal Neurostimulators

☐ 63650

Panniculectomy

☐ 15830 ☐ 15847 ☐ 15877

Rhinoplasty

☐ 20912 ☐ 21210 ☐ 30400 ☐ 30410
☐ 30420 ☐ 30430 ☐ 30435 ☐ 30450
☐ 30460 ☐ 30462 ☐ 30465 ☐ 30520

Vein Ablation

☐ 36473 ☐ 36474 ☐ 36475 ☐ 36476
☐ 36478 ☐ 36479 ☐ 36482 ☐ 36483
☐ Staged Procedure

Number of Units Requested (Required for requests with J0585, J0586, J0587, or J0588 only)

Requestor Information

Requestor Name*

Requestor Phone*

( ) - ext

Requestor is a representative of the...

○ Hospital Outpatient Department
○ Physician/NPP

Requestor Fax (only if faxed response is requested)

( ) -

Facility Fax (see note)

( ) -

Note: If the Requestor is a representative of the Operating or Attending Physician AND a faxed response is requested, the fax number for the Facility is required in addition to the Requestor's fax number.

Please send this form and all additional documentation to:

Mail
Palmetto GBA
Part A – Prior Authorization
PO BOX 100212
Columbia, SC 29202-3212

Fax
(803) 462-7313