

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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Request Details

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

Primary Diagnosis Code*

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

Secondary Diagnosis Code*

Additional Diagnosis Code(s)

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

Botox 64612 64615 J0585 J0586 J0587 J0588 Number of Units Requested *

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

Cervical Fusion With Disc Removal 22551 22552

Facet Joint Interventions 64490 64491 64493 64494 64633 64634 64635 64636
Select One:* Initial Subsequent

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

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