

Outpatient Prior Authorization Request

Facility Information

Name*

NPI*

PTAN*

State / Contract ID

- South Carolina - 11001
 North Carolina - 11501
 Virginia - 11003
 West Virginia - 11003

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.

Outpatient Prior Authorization Request - Page 2

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

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