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*

Contract/Region

- 11001 - Part A South Carolina
- 11501 - Part A North Carolina
- 11003 - Part A Virginia/West Virginia

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.

Rhinoplasty		Botox	Blepharoplasty		Panniculectomy	Vein Ablation	
☐ 20912	☐ 30435	☐ 64612	☐ 15820	☐ 67902	☐ 15830	☐ 36473	☐ 36482
☐ 21210	☐ 30450	☐ 64615	☐ 15821	☐ 67903	☐ 15847	☐ 36474	☐ 36483
☐ 30400	☐ 30460	☐ J0585	☐ 15822	☐ 67904	☐ 15877	☐ 36475	
☐ 30410	☐ 30462	☐ J0586	☐ 15823	☐ 67906		☐ 36476	
☐ 30420	☐ 30465	☐ J0587	☐ 67900	☐ 67908		☐ 36478	
☐ 30430	☐ 30520	☐ J0588	☐ 67901	☐ 67911		☐ 36479	

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