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

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

Beneficiary Information

First Name*

Last Name*

Date of Birth* / /

Medicare ID*

Sex*

- 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 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