BETTER HEALTH MEDICAID

REQUEST FOR SERVICES REQUIRING PRE AUTHORIZATION

Member Name: _____	Referred to: _____
Better Health ID #: _____	Specialty: _____
Member DOB: ____/____/____ Telephone: (____)_____-_____	Referred to : Provider ID #: _____
PCP Name: _____	Referred to Fax #: (_____)_____
PCP ID #: _____ Telephone: (____)_____-_____	Diagnosis (ICD-9): _____, _____, _____, _____
Referring Physician Name: _____	CPT Codes: _____, _____, _____, _____
Contact Person: _____	Reason for Referral: _____
Referring Physician Telephone: (_____)_____	_____
Referring Physician Fax Number: (_____)_____	_____

Request Type:

☐ Routine (Up to 14 Calendar Days from the receipt date)

☐ STAT/Urgent (72 hours) **IMPORTANT NOTE**: A STAT/URGENT request for an organization determination is defined as a request that waiting for a decision under the Routine time frame **could place the member's life, health, or ability to regain maximum function in serious jeopardy**. STAT/Urgent Requests must be phoned in to the Plan's Pre-Certification Team (see below)

☐ Initial (First) Request ☐ 2nd Request ☐ 3rd Request

Is this request related to an accident? ☐ YES ☐ NO **Does this member have other insurance coverage?** ☐ YES ☐ NO

☐ MVA ☐ Worker's Compensation ☐ Medicare ☐ Other (specify):_____

THE FOLLOWING SERVICES REQUIRE PRE-AUTHORIZATION--PLEASE SUBMIT SUPPORTING CLINICAL DOCUMENTATION TO DETERMINE MEDICAL NECESSITY:

Inpatient Services:

- ☐ Hospital Admissions
- ☐ Birthing Centers
- ☐ 23 Hour Observation

Outpatient Surgical Services:

- ☐ Hospital
- ☐ Ambulatory Surgical Center

Outpatient Services Performed at a Hospital:

- ☐ Colonoscopy
- ☐ Hyperbaric Oxygen Treatment
- ☐ Endoscopy
- ☐ Wound Care
- ☐ All Therapy and Rehabilitative Services

Outpatient Services:

- ☐ PET Scans
- ☐ MRI
- ☐ Sleep Studies
- ☐ Total OB Care
- ☐ SPEECH, OCCUPATIONAL OR RESPIRATORY Therapies (ST/OT/RT): for members under 21 years of age only
- ☐ Chemotherapy
- ☐ Radiation Therapy
- ☐ Durable Medical Equipment (DME) Fax Requests to All Med at: 800-831-4264
- ☐ Home Health Services/Infusion Services Fax Requests to All Med at: 800-831-4264
- ☐ MRA
- ☐ Physical Therapy:
- ☐ Wound Care

- **Please FAX to: Better Health at (305) 408-5810 or (800) 283-2117**
- **STAT/URGENT Requests: Please do NOT fax the request. Call Better Health's Pre-Certification Telephone Queue and advise that the request is to be a STAT/URGENT Request at: (800) 514-4561, Ext. 2117**

********PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT********