

URGENT DC PLANNING - REQUEST FOR PRIOR AUTHORIZATION



Date of Request* / /

*Required items. Please write only in designated areas.

Member Information

Member ID* First Name
 / / Date of Birth* Last Name

Provider to Perform the Service

NPI* Contact Number*
 TPI* Fax Number*
 Tax ID*
 Last Name, First Initial or Facility Name Contact Name / Requestor

Submitting / Referring / Performing Provider

'X' in box if same as above. Contact Number*
 NPI* Fax Number*
 Tax ID* Contact Name / Requestor
 Last Name, First Initial or Facility Name

Requested Service

Type of Service

- DME Rental* DME Purchase* DME Incontinence Supply*
- Home Health SNV PDN Therapy
- Genetic Testing Type: _____ Pregnant Yes No
- Outpatient Services Office Visit
- Rehab Evaluations Re-Evaluations
- Non-Emergent Transportation
- Inpatient
- Other _____

LTSS Services

- PAS
- DAHS
- ERS
- Home Delivered Meals
- Med Box Refills
- Other _____

Place of Service*

- Office
- Outpatient Hospital / ASC Gen
- Home
- Outpatient Clinic
- Outpatient Rehab
- Inpatient
- Other _____

*All DME require signed physician orders. All HH and Rehab requests require signed physician's order and plan of care/treatment plan.

Clinical Review

Procedure Codes

Procedure code / CPT, HCPCS* modifier
 Procedure code / CPT, HCPCS* modifier
 Procedure code / CPT, HCPCS* modifier

Diagnosis

Referring Diagnosis Code*
 Referring Diagnosis Code
 'X' indicates clinicals or plan of care

Service Description **URGENT DISCHARGE PLANNING**

/ / Start date*
 / / End date*
 Units / Visits* X Day
 Week
 Month

Contact Information

Fax Numbers

STAR Health LTSS: 1-800-690-7030
 STAR Kids LTSS: 1-877-644-4561
 STAR+PLUS LTSS: 1-866-895-7856
 STAR+PLUS MMP LTSS: 1-855-277-5700
 Admissions: 1-888-886-0170
 Referrals: 1-800-690-7030
 Hotline: 1-800-218-7508
 Outpatient CHIP Requests Only: 1-844-310-5517
 Discharge Planning: 1-844-495-2361

Urgent Request - By checking this box, I certify that this is an urgent request medically necessary treatment, which must be treated within 24 hours.

Please Note: Urgent is defined as a health condition, including an urgent behavioral health situation, which is not an emergency but is severe or painful enough to require medical treatment evaluation or treatment within 24 hours to prevent serious deterioration of the member's condition or health.

Signature of Requesting Physician (required)

Superior requires services be approved before the service is rendered. Please refer to www.SuperiorHealthPlan.com for the most current full listing of authorized procedures and services. Note that an authorization is not a guarantee of payment and is subject to utilization management review, benefits and eligibility.

For Office Use Only

URGENT DISCHARGE PLANNING

Authorization Number: _____
 Units: _____
 Dates Authorized: _____