

Prior Authorization Request Form	General Request
UHSM Fax: (888) 317-9602	
Notice: UHSM has a 3 Business Day turn-around time on all Prior Authorization Requests. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. Pre-authorizations are valid for 90 days.	
Provider Information	Member Information
Servicing Provider/Vendor/Lab Name and Address:	Member Name:
Tax ID#: NPI:	Birth Date:
Referring/Prescribing Physician's Name:	UHSM Member ID Number:
<input type="checkbox"/> PCP <input type="checkbox"/> Specialist Please identify specialty: Tax ID#: NPI:	Place of Service:
Servicing Facility Name and Address:	<input type="checkbox"/> Physician's Office <input type="checkbox"/> Freestanding Ambulatory Surgery Center <input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Other (explain): _____
Tax ID#: NPI:	
Office Contact:	
Phone Number:	Anticipated Date of Service: _____
Fax Number:	
Please enter all codes requested; "by report" codes must have a description of why the code is being used	
ICD-10 CODE(S):	
CPT CODE(S):	
HCPCS CODE(S):	
PATIENT CLINICAL INFORMATION	
Please provide the following documentation: <ul style="list-style-type: none"> • History and physical and/or consultation notes including: <ul style="list-style-type: none"> ○ Clinical findings (i.e., pertinent symptoms and duration) ○ Comorbidities ○ Activity and functional limitations ○ Family history if applicable ○ Reason for procedure/test/device, when applicable ○ Pertinent past procedural and surgical history ○ Past and present diagnostic testing and results ○ Prior conservative treatments, duration, and response ○ Treatment plan (i.e., surgical intervention) • Consultation and medical clearance report(s), when applicable • Radiology report(s) and interpretation (i.e., MRI, CT, discogram) • Laboratory results • Other pertinent multidisciplinary notes/reports: (e.g., psychological or psychiatric evaluation, physical therapy, multidisciplinary pain management) when applicable 	

For question: Call UHSM at (800) 900-8476 or (757) 210-3435

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