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Prior Autho

OKLAHOMA	Initial Request	Additional Documentation
Health Care Authority		
orization Request	Amended	Photos/Videos Included

NPI / Z Physic Phone:	ibing ian No.: IP+4 ian Name:)	Date:	Date of Parent/	r RID: r Name: Birth: Guardian: s:		none: (<u>)</u>
SECTI	ON III						
Estima	ted Length of Tr	reatment:		Diagno	sis Code(s):		
Physic		roof of medica	I necessity must ation to prove m		This may be medicity.	cal records o	or
	ON IV ing Prov. DO	NOT FILL OU	IT THIS SECTIO	ON PLEASE	SECTION V Date Span of Service		
NPI / Z	IP+4:				Assignment Code (Selec	et from below):	
Phone	· ·)	Fax: ()		(01) Home Health	(08) Audiology	(26) Clinic
Addres	ss:				(02) Hospital IP Facility or Hospital IP Physician	(12) DME	(37) Hospice
Signat	ure of				(03) Hospital OP (04) Physician (06) Transplant	(17) Vision Car (21) PD Nursin (25) Lab and X	g (46) Sleep Studies
SECTI	ON VI - Do Not	Skip Lines or PA w	vill be Cancelled	Example			
LINE ITEM	CPT, ICD or HCPCS Code	MODIFIER		DESCRIPTION (Must Be On One L	ine)	TOTAL UNITS FOR DATE SPAN	TOTAL BILLED CHARGES
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OHCA Revised: 08/28/2014 HCA-12A



Health Care Prior Authorization Attachment Form **Cover Sheet**

☐ Initial Request
☐ Amended
Additional Documentation
☐ Photos/Videos Included

Note: Do not place another Fax Cover Sheet on top.

Three fields below are required and must match the prior authorization request.

I.	Provider Number or NPI/ZIP/ZIP+4:	
2.	Member ID Number:	
3.	Prior Authorization Number	

Purpose:

This form is to be used when a prior authorization request (PAR) requiring a paper attachment is being submitted. Submission of the completed forms along with the required attachments will allow the appropriate review process to be conducted by the OHCA.

Instructions:

- 1. Box I; fill in the Servicing Provider Number.
- 2. Box 2; fill in the nine-digit member identification number.
- 3. Box 3; write "new" to initiate a new prior-authorization request. A "new" PAR is also required for continuation of previously authorized services. PAR dates must not overlap previously approved dates of service.
 - a. For SoonerCare or Insure Oklahoma online PAR submissions, enter the corresponding PAR number in box 3.
 - To submit additional documentation or to amend a PAR, enter the existing PAR number in box 3 to assure your documentation will be linked with the correct existing PAR.
- 4. The Initial Request box is to be checked when requesting "new" services.
- 5. The Amended box is to be checked when minor changes are required to an existing approved authorization. Also, enter the prior authorization number in box 3 above so your amendment request will be linked with the correct existing PAR.
- 6. The Additional Documentation box is to be checked when submitting additional documentation to be added to an existing PAR. Enter the PAR number in box 3 above so your documentation will be linked with the correct existing PAR.
- 7. The Photos/Videos Included box is to be checked when submitting photos or videos for review. Mail to: HP Attn: Prior Authorizations, 2401 NW 23rd, Suite 11, Oklahoma City, OK. 73107
- 8. Fax all forms and documentation to: 405-702-9080 Toll Free 1-866-574-4991

Note: Do not place another Fax Cover Sheet on top.

This form is for use with Prior Authorization requests requiring attachments.

Sender's Name:	Phone Number:
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