



Pre-Authorization Request Form

Date Form Completed and Faxed: _____

Please complete this form and fax it to the plan number on the back to request pre-authorization.

Health Plan: <input type="checkbox"/> VNS Health EasyCare (HMO) <input type="checkbox"/> VNS Health EasyCare Plus (HMO D-SNP) <input type="checkbox"/> VNS Health Total (HMO D-SNP) <input type="checkbox"/> Managed Long Term Care (MLTC) <input type="checkbox"/> SelectHealth from VNS Health		Type of Request (check as applicable): <input type="checkbox"/> New request <input type="checkbox"/> Expedited review (member faces imminent and serious threat to life or health- requires supporting clinical evidence) <input type="checkbox"/> Written confirmation of prior oral request	
Member Information			
Name (last, first):		Other insurance:	
Date of birth:		Other insurance policy number:	
Member ID#:		Other insurance policy holder:	
Sex (circle one): M or F		Gender Identity:	
PCP Name:			
Provider Information			
Requesting provider		Servicing provider	
Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Fax:		Fax:	
Contact Person:		Specialty:	
NPI:		NPI:	
Required Clinical Information			
Diagnosis (list codes & description)			
1.		3.	
2.		4.	
Procedure/service requested (list all CPT/HCPCS Codes & descriptions)			
1.		4.	
2.		5.	
3.		6.	

For Facility Admissions only:	
Admission Type: <input type="checkbox"/> Emergency: _____ Admin date <input type="checkbox"/> Elective: _____ Anticipated admit date	Facility Type: <input type="checkbox"/> Acute Care Hospital Long Term Acute Care <input type="checkbox"/> Acute Rehab Facility/unit <input type="checkbox"/> Skilled Nursing Facility
Facility Name:	Facility Phone:
Facility Fax:	Facility Address:
For Home Health only:	
Personal Care Services: <input type="checkbox"/> New Request <input type="checkbox"/> Resumption of Care <input type="checkbox"/> Request for Increase <input type="checkbox"/> Existing service – hours/days per week Hours per day _____ Days per week _____	Home Care Services: <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Language Pathology Number of visits _____
Service start date: _____	Date of request: _____
Service end date: _____ (If applicable)	
For Outpatient Services only:	
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Language Pathology <input type="checkbox"/> Genetic Testing	<input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Radiology Services <input type="checkbox"/> Other Service _____
Required Documentation	
Please attach supporting clinical information. Requests received without supporting clinical notes and required codes will not be reviewed. If this is a request for therapy, please use a separate form for each service.	

Please note the following definitions and timeframes for processing requests:

Definitions:

Expedited – member faces imminent and serious threat to life or health; requires supporting clinical evidence. Requests are reviewed to ensure they meet the criteria to be expedited. If they do not meet the criteria, the request will be processed within the standard timeframe.

Standard – all requests not meeting the expedited criteria.

Timeframes:

VNS Health Medicare:

- **Professional services/DME:** Expedited – 72 hours, Standard – 14 calendar days
- **Medicare Part B drug coverage:** Expedited – 24 hours, Standard – 72 hours

MLTC: Expedited – 72 hours, Standard – 14 calendar day

SelectHealth: Expedited – 72 hours, Standard – 14 calendar days

Please also note that when a member has a primary insurance (such as Medicare) and either MLTC or SelectHealth as the last payor, a proper denial or explanation of benefits must be obtained before an item can be balance billed.

Fax completed form and supporting documents to plan specific fax number below:

Medicare: 866-791-2214 MLTC: 212-897-9448 SelectHealth: 646-459-7731

For questions about your request or any claims you submitted, please call 1-866-783-0222,

Monday – Friday, 8 am – 5 pm.