



More from Medicare. More from life.

Alabama
205-423-1222

Mississippi/Florida
800-962-3018

(Fax) 205-444-4263 or 800-872-8685

PRECERTIFICATION FORM

Member Information

Patient Name _____ DOB _____ Member ID _____

Other Insurance: Primary Secondary Worker's Compensation Other _____

Requested Service:

<input type="checkbox"/> Inpt. Admissions: <input type="checkbox"/> Hospital <input type="checkbox"/> SNF <input type="checkbox"/> Rehab	<input type="checkbox"/> MRA
<input type="checkbox"/> Ambulance (non-emergent): <input type="checkbox"/> Air <input type="checkbox"/> Ground	<input type="checkbox"/> Myelogram
<input type="checkbox"/> Bariatric Surgery (at CMS approved Centers only)	<input type="checkbox"/> Non-Par Providers
<input type="checkbox"/> Blepharoplasty	<input type="checkbox"/> Observation Bed (> 24 hours)
<input type="checkbox"/> Cardiology: <input type="checkbox"/> Nuclear Testing <input type="checkbox"/> Cath <input type="checkbox"/> Event Monitor	<input type="checkbox"/> Organ Transplant/Evaluation
<input type="checkbox"/> Cataract Surgery	<input type="checkbox"/> Orthognathic/Oral Surgery
<input type="checkbox"/> Chiropractic Services (Medicare Only)	<input type="checkbox"/> Outpatient Surgery
DME: <input type="checkbox"/> Rental <input type="checkbox"/> Purchased (over \$300)	<input type="checkbox"/> Pain Clinic
<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Pill Endoscopy (CPT 91110)
<input type="checkbox"/> Epidural Injections	<input type="checkbox"/> Podiatric Surgery (Medicare Only)
<input type="checkbox"/> Genetic Testing/Counseling	<input type="checkbox"/> Prosthetics/ Orthotics (costing > \$300)
<input type="checkbox"/> Home Health Care: <input type="checkbox"/> Nursing <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST	<input type="checkbox"/> PET Scans
<input type="checkbox"/> Home Infusion	<input type="checkbox"/> Rehabilitation: <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary
<input type="checkbox"/> Hospice (Commercial Only)	<input type="checkbox"/> Reduction Mammoplasty
<input type="checkbox"/> Hyperbaric Oxygen Treatments	<input type="checkbox"/> Sleep Study
<input type="checkbox"/> Infertility Testing/Assessment	<input type="checkbox"/> Supplies (over \$300)
<input type="checkbox"/> Infusion Therapy (agents costing >\$800/dose)*	<input type="checkbox"/> Therapies (Outpatient): <input type="checkbox"/> Aquatic <input type="checkbox"/> PT
<input type="checkbox"/> Injectable Drugs (agents costing >\$800/dose)*	<input type="checkbox"/> Transfers between Hospitals
<input type="checkbox"/> Lithotripsy	<input type="checkbox"/> TMJ Diagnosis & Therapy
<input type="checkbox"/> Mental Health/Substance (call UBH at 1-800-730-4271)	<input type="checkbox"/> Uvulopalatoplasty
<input type="checkbox"/> MRI	<input type="checkbox"/> Wound Care

*Chemotherapy does not require precertification. Support drugs \$800 or more per dose require precertification.

ICD-9 Code: 1) _____ 2) _____ CPT Code: 1) _____ 2) _____

HCPSC Codes 1) _____ 2) _____

Date of Admit/Procedure: _____ Place of Service: _____

Medical Indication for Requested Service: _____

Provider Name: _____ UPIN/Provider #: _____

Clinical Information Attached _____ Number of Pages _____ Phone Number: _____

Requestor: _____ Fax Number: _____

FOR USE BY HEALTHSPRING ONLY

Authorization # _____ # of Visits Approved _____

HS Representative _____ Start Date _____ End Date _____

This authorization is for medical necessity only and not a guarantee of payment. Eligibility is determined at the time the claim is received and benefits are subject to the limitations and exclusions of the member's plan.