# Prior Authorization Request Form

| **Member Name:** | **Member ID#:**<br>**Member DOB:** |
|---|---|
| | |
| **Requesting Provider:** | **Office Contact Name:** |
| **Requesting Provider NPI#:** | **Office Contact Phone # and Ext.** |
| **Tax ID#:** | **Office Contact Fax #:** |
| | |
| **ICD Code(s):**<br>**CPT Code (s):**<br>**HCPCS Code(s):** | **Servicing Provider:**<br>**Date of Service:** |
| | |

Fax Form with Supporting Medical Documentation to Prior Authorization at 1-855-817-5696

**Potentially Cosmetic Procedures:**

- ☐ Blepharoplasty/Brow Ptosis Repair
- ☐ Breast Reduction Surgery
- ☐ Breast Reduction/Mastopexy
- ☐ Breast Repair/Reconstruction (not following mastectomy)
- ☐ Breast Augmentation
- ☐ Canthoopexy/Canthoplasty
- ☐ Cervicoplasty
- ☐ Chemical Peels
- ☐ Laser Tx for Cutaneous Vascular Lesions
- ☐ Rhinophyma Surgical/Laser Tx
- ☐ Septoplasty/Rhinoplasty
- ☐ Repair of Vestibular Stenosis
- ☐ Varicose Vein Treatment

- ☐ Ambulance: Non-Emergent Air & Ground
- ☐ Clinical Trials

**DME/Prosthetics:**

- ☐ Hospital Bed (and mattress)
- ☐ Custom Wheelchair
- ☐ Prosthetic limbs; whole limb or part of limb

**Other:**

- ☐ Experimental/Investigational Procedures
- ☐ Genetic Testing (Breast, Ovarian, Colorectal CA)
- ☐ Orthognathic/Jaw Surgery
- ☐ Prosthetics (whole or part limb)
- ☐ **Radiology:** CT, MRI/MRA, SPECT, PET & Nuclear Cardiology **(Go to the link on our website at www.healthyct.org)**
- ☐ Sleep Studies (other than in the home)
- ☐ Spinal Surgery (Inpt and Outpt)
- ☐ TMJ Surgery
- ☐ Transplants: (Pre-evaluation except cornea)

**Approved: Yes No Reference # ________________________ Initials: ___________**

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# Instructional Information for Prior Authorization

If you do not have access to a fax machine, to properly facilitate your request, please mail this form to:

HealthyCT
35 Thorpe Ave. Suite 104
Wallingford, CT 06492
Attn: Prior Authorization

**The Following Inpatient Services also require Prior Authorization:**

- Medical/Surgical Inpatient Admission
- Skilled Nursing facility Admission
- Acute Inpatient Rehabilitation
- Sub-Acute Care Admission
- Inpatient Hospice
- Acute Behavioral Health Admissions
- Behavioral Health Partial Hospitalization
- Residential Treatment Facilities

**Please contact HealthyCT at least 15 business days in advance for planned admissions and within 24 hours of any urgent admission at: 1-855-458-4928**

**Individual forms are required to authorize the following:**

- Behavioral Health Services: Autism Services, Biofeedback, Neuropsychological Testing, Psychological Testing, Intensive Outpatient Program (IOP)
- Chiropractic Services (after the first 10 visits)
- Home Health Care
- Home IV Infusion Therapy
- Infertility Treatments
- Physical Therapy /Occupational Therapy and Habilitative Services (after the first 10 visits)
- Applied Behavioral Analysis
- Out of Network Services (only when requesting in-network level of coverage)

**HealthyCT requires Notification for the following:**

- Maternity after First Pre-Natal Visit
- Birth to Three Program
- Dialysis

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