

Pre-Authorization Request Form

Member Name:	Provider:
Member Number:	Provider Fax #:
Date of Birth:	Provider Phone #: Contact Name:
Ordering Physician:	Place of Service/Treatment and Address:
Physician's Address:	
Service Requested:	
Starting and Ending Dates of Service:	Frequency of Service:
Diagnosis/ICD-9 code:	Procedure/CPT-4 code(s):

Is this related to an injury? Yes No

Date of Injury _____

Is this Workers' Compensation related? Yes No

Date of Injury _____

Provided all necessary documentation is received we will complete the review in 15 days or less. If the requested information is incomplete or additional information is needed, this timeframe may be extended.

Expedited/urgent pre-authorizations will be completed within 72 hours or less once all necessary information is received. **According to ERISA, urgent is defined as "any claim for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations:**

1. *Could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function or;*
2. *In the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim".*

Note: A release of information form included in the application for insurance was signed by our member.

Please note that the preauthorization of any procedure does not guarantee benefits or payment. Approval is based on medical necessity as defined in the patient's benefit plan or certificate. All benefits are subject to the terms, conditions, and exclusions of the benefit plan or certificate. This may include policy language regarding pre-existing conditions or signed affidavits stating that the insurance bears no responsibility, as signed by the insured. Policy exclusions for certain types of services may also apply. **For additional benefit information, please contact WPS at 1-800-765-4977.**

Medical Preauthorization

FAX: 608-226-4777
Attn: Preauthorization

Dental Preauthorization

FAX: 608-226-4777
Attn: Dental Preauthorization

Information to Include When Requesting Pre-authorization:

Medical/Surgical

1. Clinical notes related to diagnosis or procedure including any conservative medical management.
2. Any imaging reports to support the need for treatment.

DME Exceeding \$500

1. DME HCPCS code(s) & fees (rental versus purchase).
2. Supporting medical notes & related test results.
3. Name & Tax ID # of DME provider.
4. MD prescription for DME.

Therapies

1. Most recent evaluation and treatment plan plus 3 months previous therapy notes.
2. Type of modalities.
3. MD prescription for service.
4. Name and Tax ID of Therapist.

Drugs

1. Related clinical notes.
2. Specific medical diagnosis/ICD-9 code(s).

Medical/Dental

1. ADA codes & fees.
2. X-rays.
3. Date of service for procedure.
4. Clinical notes related to diagnosis or procedure including any conservative medical management.
5. If this is a dental injury, include the date of injury to tooth or mouth and also a description of how the injury occurred.