Prospective Medical-Clinical Review
Standard Request Form for Medical/Surgical/HME/DME

1. *To avoid unnecessary work*, please confirm that a Prospective Medical-Clinical Review is actually required by the health plan. Check at: **www.wahealthcareforum.org/AdminSimp/Referral_Review/review.asp**

2. *If required*, complete this form and submit it to the health plan. *Attach supporting documentation only as required*. For submission methods and locations: **www.wahealthcareforum.org/AdminSimp/Referral_Review/index.htm**

PART I: Health Plan Information

Health Plan: _____ Product/ Plan: _____

Attention: _____ Date Form Completed: _____

Initial Request: ☐ Subsequent Request (e.g. Appeal) *(check with health plan for their specific policy):* ☐

PART II: Requesting Provider Information

Requesting Provider	Provider Contact Name:	Contact's Telephone #	Contact's Fax #

PART III: Patient Information

Patient's Name	Subscriber's Name (if different)	Patient's Date of Birth	Patient's Phone #

PCP	Member Identification #	Group #

PART IV: Services Information **Not for Inpatient Admission or Concurrent Review**

Physician Providing the Service	Speciality	Contact Telephone #	Contact's Fax #

Place of Service	Type of Service	Planned Date	End Date (if known)

Diagnosis _____ **ICD-9 code** _____

Procedure description _____ CPT code _____

1a) HCPCS description _____ HCPCS code _____

Procedure description _____ CPT code _____

2a) HCPCS description _____ HCPCS code _____

Supporting Documentation: ['Enc' – Enclosed with Request Form, 'Avail' - Available Upon Request]

Letter of Medical Necessity: ☐ Enc. ☐ Avail **H&P**: ☐ Enc. ☐ Avail **Chart notes**: ☐ Enc. ☐ Avail

Lab Report: ☐ Enc. ☐ Avail **MRI:** ☐ Enc. ☐ Avail **CT:** ☐ Enc. ☐ Avail **X-Rays**: ☐ Enc. ☐ Avail

Photos: ☐ Enc. ☐ Avail **Other**: _____ ☐ Enc. ☐ Avail

Comments:

Health Plan Response

☐ Patient Not Eligible

☐ Review Pended on ____/____/____ Information Requested _____

Meets Medical Criteria - Decision Date: _____/____/_____

☐ Yes Date Range From: _____ To: _____

☐ No - Letter to Follow

Reference #: ☐ _____ OR Authorization #: ☐ _____ (Form #10.08.07)