of Tennessee

Inpatient/Outpatient Services
Prior Authorization Request Form

☐ Inpatient ☐ Outpatient

Please indicate if service request meets CMS/NCQA definition of Urgent or Expedited: ☐ Yes, Urgent/Expedited

Rationale: _____

Member Information

Member Name: _____

Member ID Number: _____

Member Address: _____

City: _____ State: _____ ZIP: _____

Member Phone Number: _____ Date of Birth: ____ / ____ / ____

Primary Diagnosis for requested service, (list ICD-10 Codes):

Submitter Contact Information

Name: _____

Phone: _____ Fax: _____

Ordering Physician

Ordering Physician: _____

Provider Number: _____

Phone: _____ Fax: _____

National Provider Identifier: _____ Tax ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Facility Information

Facility Name: _____

Provider Number: _____

Phone: _____ Fax: _____

National Provider Identifier: _____ Tax ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Service Type

Date of Service/Admission Date: ____ / ____ / ____

Type of admission scheduled: ☐ Emergency ☐ Elective

If extension, What are the dates of service requested? _____

Please include applicable procedure(s) names and code(s) below.

Name/Description	CPT®/HCPCS

Please include clinical information supporting the medical necessity of the requested items.

Clinical Information

Past medical history, provider's orders/treatment plan, IV meds, oxygen support, all pertinents lab values, all pertinent diagnostic testing, wound description and care, nutrition/diet, activity, prior level of function, therapy notes/evaluation, discharge plans and any other supportive information. Please attach imaging reports if applicable.

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request, and you're requesting the decision be made based on information provided in your submission.

Please complete this form and submit it as an attachment through one of the following options. Tennessee providers may submit authorization requests at any time in Availity®. Out-of-state providers may submit authorization requests through their provider portal or Cohere®. If you have questions about submitting a prior authorization request, please call **(423) 535-5717**, **option 2**, or contact your eBusiness Network Manager.

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