Prior Authorization Submission

Quick Reference Checklist

Before submitting your Prior Authorization request, please confirm the following items are included and complete:

Member & Provider Information

- ☐ Member name and date of birth clearly labeled on all documents
- ☐ Correct servicing and ordering provider NPI and TIN
- ☐ Accurate provider contact information (phone/fax, etc.)
- ☐ Diagnosis code

Request Details

- ☐ Clear description of the requested service(s)
- ☐ All applicable CPT/HCPCS codes included
- ☐ Dates of service clearly identified
- ☐ Rental vs. purchase clearly indicated (if applicable)

Clinical Documentation

- ☐ Recent clinical notes (generally within the last 90 days, where applicable)
- ☐ Signed provider order or prescription
- ☐ Current Plan of Care (POC), if required
- ☐ Relevant imaging, lab results, testing, or specialist notes
- ☐ Documentation supports medical necessity for the requested service

Submission Quality

- ☐ Documents are legible, organized, and clearly labeled
- ☐ Duplicate or unnecessary pages removed
- ☐ Face-to-face encounter documentation included when required
- ☐ All required documents submitted together in one packet

Final Check

- ☐ Prior Authorization Request form completed in full
- ☐ Checklist reviewed prior to submission
- ☐ Submission sent through the appropriate portal, fax, or submission method for your plan/state