



**Customer Service**  
**(800) 377-9594 Toll Free**  
**(505) 341-7493 In Albuquerque**

**PRIOR AUTHORIZATION REQUEST**

**Routine Requests (MUST be faxed)**  
 Fax Number: (888) 802-5711 Toll Free

**Urgent Requests**  
 Telephone Numbers:  
 (877) 262-0187 Toll Free  
 (505) 798-7371 In Albuquerque

Member Name \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_  
 Ordering Physician \_\_\_\_\_ Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
 Office Contact \_\_\_\_\_ Telephone# \_\_\_\_\_ Dt of Request \_\_\_\_\_

**SERVICE REQUEST**

Provider/Facility \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Clinical Indications (including prior test and treatment; attach notes if applicable) \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD-9 Code(s) \_\_\_\_\_

Procedure \_\_\_\_\_ CPT Code(s) \_\_\_\_\_

- Consult/Evaluation
- PTo OTo STo (Copy of Dr order MUST be sent to HP)
- Procedure/Surgery DOS Planned \_\_\_\_\_
  - Inpatient  Outpatient
- Prenatal Care
  - EDD \_\_\_\_\_
- Personal Care Services

Beginning Service Date \_\_\_\_\_ End Service Date \_\_\_\_\_ # of Visits Requested \_\_\_\_\_

**Utilization Management Department Use**

- Fax Number Checked \_\_\_\_\_
- Approved Authorization # \_\_\_\_\_ Eligible Dates of Auth \_\_\_\_\_
- If applicable Initial # of visits \_\_\_\_\_ + Addl visits \_\_\_\_\_ = Total # of Approved visits \_\_\_\_\_

***In Patient Procedure Approval is for procedure only-InPt days are subject to concurrent or retrospective review for approval.***

Prior Authorization numbers do not guarantee payment. Payment is subject to benefit coverage and eligibility at the time the service is rendered.  
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