

To facilitate quicker processing of pre-authorization requests, please submit complete information. The following is a list of minimal data needed to process pre-authorizations:

Joint MRI

1. Symptoms and physical exam findings (ROM, tenderness, weakness, pain, grade/degree of instability)
2. Imaging results (x-ray/previous studies)
3. NSAID trial (dosage and date span)
4. PT and/or activity modification (date span)

Spine MRI

1. Symptoms and physical exam findings (pain, numbness and location)
2. History of surgery in same area
3. NSAID trial (dosage and date span)
4. PT and/or activity modification (date span)
5. How long member has had symptoms
6. How symptoms interfere with activities of daily living
7. Imaging results (x-ray/previous studies)

Shoulder Arthroscopy

1. Physical exam findings (ROM, tenderness, weakness, pain)
2. Imaging results
3. NSAID trial (dosage and date span)
4. PT and/or activity modification (date span)
5. Steroid injections (dates)

Knee Arthroscopy

1. Physical exam findings (ROM, tenderness, weakness, pain, McMurray's, grade/degree of instability)
2. Imaging results
3. NSAID trial (dosage and date span)
4. PT and/or activity modification (date span)

Hysterectomy

1. PAP smear within one year
2. Pelvic exam within one year
3. EMB results if over 35 years old
4. Pregnancy excluded
5. Lab results (Thyroid test, CBC, UA or urine culture)
6. Ultrasound results
7. Meds (OCPs, NSAIDs) and length of treatment
8. Most recent office visit notes

Formula

1. SIGNED orders
2. Current Registered Dietician notes (HCA guideline to have for at least the 1st review) and/or provider notes specific to nutrition issues

Incontinent Supplies

1. SIGNED orders specific to NEEDS only
2. ACTUAL quantity used per 24 hours
3. Current clinical notes related to incontinence

Sleep Studies

1. Current clinical notes related to sleep issues (i.e. symptoms while asleep/awake, witnessed symptoms)

C-PAP

1. SIGNED orders
2. PSG
3. If request is for convert to purchase, must submit two months compliance download for review and follow-up notes from MD evaluating progress

Orthotics

1. SIGNED orders
2. Clinical notes
3. PT/OT evaluations, if any
4. History of pre-fabricated orthotic trial

Home Health

1. SIGNED orders
2. Current clinical notes related to need for Home Health
3. Discharge summary from inpatient facility, if applicable
4. For continuing Home Health requests, submit up-to-date clinical notes to support request

Insulin Pumps (pump requests must be submitted by the requesting provider; not the vendor)

1. SIGNED prescription
2. Current clinical information including two previous A1c results and insulin regimen
3. Eight weeks of blood glucose logs

Insulin Pump Supplies

1. SIGNED prescription
2. Current clinical information including latest A1c results and how often member is checking blood glucoses