

Prior authorization request



PROVIDERS: For a faster turn-around, go to devoted.com/providers and submit your request through the Availity Provider Portal.

Please complete all fields. Missing information may delay authorization processing as we will reach out to collect the required details.

MEMBER INFORMATION

Name:

Member ID number:

D

Birthdate (month/day/year):

INFORMATION ABOUT YOU (the person filling out this form)

Name:

Phone:

Fax:

WHO IS REQUESTING CARE?

Ordering provider or facility name:

NPI number:

Specialty:

Devoted PCP ID:

LX

Phone:

Fax:

WHO WILL PROVIDE CARE?

Provider or facility name:

NPI number:

Address:

Specialty:

Tax ID number:

Phone:

Fax:

Please note: All OON requests for HMO plans may be subjected to an additional review for gaps and **may** be denied if appropriate INN options are found.

Questions? Call provider services at **1-877-762-3515**

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TYPE OF CARE

Please be sure to fill in this section completely so we can respond as quickly as possible - all fields are required. **Attach any important clinical documentation that supports your request.**

Request or location type:

Referral:

Office Other

Outpatient (service or procedure):

Outpatient hospital Office Ambulatory Surgical Center (ASC) Imaging Center Other

Inpatient (level of care):

Inpatient Observation

Acute inpatient elective:

Hospital

Inpatient Post Acute Facility:

Skilled Nursing Facility (SNF) Long-term Acute Hospital (LTAC) Acute Rehab/Comprehensive Rehab (ARU)

Start date (month/day/year):

End date (month/day/year):

Number of visits/units:

ICD-10 code(s):

Diagnosis:

Procedure code(s):

Billing method for drug requests:

Buy and bill Obtain from pharmacy

URGENT REQUESTS

Check this box only if you need an expedited response. For Part B drug requests, standard response time is 72 hours. Expedited response time is 24 hours. For all other requests, standard response time is 3-14 calendar days. Expedited response time is 72 hours.

This is an urgent request. Waiting more than 72 hours (or more than 24 hours for a Part B drug) could harm the member's health.



**Fax your completed form
and documentation to:**

1-877-264-3872

Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. To file a complaint with Devoted Health, call us at 1-800-338-6833 (TTY 711). To file a complaint with Medicare, call 1-800-MEDICARE (TTY 1-877-486-2048), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include their name when you file your complaint.

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