

## Prior Authorization Checklist

### Patient Name:

(Name should match the name on insurance card)

### DOB:

### Insurance carrier:

#### Patient information needed

- |   |  |
|---|--|
| <input type="checkbox"/> Name           | <input type="checkbox"/> Phone #   |
| <input type="checkbox"/> DOB            | <input type="checkbox"/> Address   |
| <input type="checkbox"/> Gender         | <input type="checkbox"/> Subscriber name (as this could be different than the patient) |
| <input type="checkbox"/> Insurance ID # |  |

#### Ordering Physician information

- |   |   |
|---|---|
| <input type="checkbox"/> Ordering MD name | <input type="checkbox"/> Phone                                |
| <input type="checkbox"/> NPI #            | <input type="checkbox"/> Fax #                                |
| <input type="checkbox"/> Address          | <input type="checkbox"/> Contact representative name/ phone # |

#### Performing MD information (APP may be requested under MD)

- |   |   |
|---|---|
| <input type="checkbox"/> Performing MD name         | <input type="checkbox"/> Facility name                        |
| <input type="checkbox"/> Tax ID # for performing MD | <input type="checkbox"/> Tax ID # for facility                |
| <input type="checkbox"/> NPI # for performing MD    | <input type="checkbox"/> NPI # for facility                   |
| <input type="checkbox"/> Address for performing MD  | <input type="checkbox"/> Address for facility                 |
| <input type="checkbox"/> Phone for performing MD    | <input type="checkbox"/> Fax # for response                   |
|   | <input type="checkbox"/> Contact representative name/ phone # |

#### Include all information needed by payer, some criteria are included below

- Payor-specific prior authorization form
  - Check to ensure payer specific PA form has not changed
- Letter of medical necessity including available guidelines (if available) and relevant literature to support request
- Patient medical records with appropriate chart notes including past therapies and results
- Include a dictation requested procedures and why procedure is needed
- If requesting genetic testing, include a signed patient consent with PA request

#### Submission and follow-up

- Submit to payer per their preferred method of submission i.e. online, fax, mail, phone
- Follow-up with payer to confirm receipt of PA and time frame needed for review
- Follow-up with payer after timeframe for review is exceeded