# Medical Prior Authorization Request Form

## WellSense Medicare Advantage HMO

**Note: Please attach supporting clinical information with all requests. Incomplete information may delay processing.**

Fax to: 866-336-2445 (prior authorization)
866-813-8607 (emergent admissions)
Phone: 855-833-8128

☐ **Urgent:** ☐**Standard:**

| **Member Information** | | |
|---|---|---|
| Member Name | DOB | WellSense ID# |
| **Submitted by / Sender Information** | | |
| Submitted by | Phone<br>direct line | Fax |
| **Provider Information** | | |
| Requesting Provider Name | NPI# | ☐ PCP ☐ Specialist |
| Specialist Servicing Provider Name | NPI# | Address<br>where member will be seen<br>Phone<br>Fax |
| Servicing Facility Name | NPI# | |

| **Requested Services** | | | | |
|---|---|---|---|---|
| **Office Visit/Consult** | ☐ PCP<br>☐ OB: EDC (required) ____________<br>☐ Specialist - Type: ____________ | Visit Date: | # Visits: | Last Visit Date: |
| | | Diagnosis Code(s): | CPT Code(s): | |
| **Surgery** | ☐ Inpatient<br>☐ Outpatient<br>☐ Post-op Observation: ________hrs<br>☐ Office | Scheduled Date: | | |
| | | Diagnosis Code(s): | CPT Code(s): | |
| **Outpatient Rehab** | ☐ PT: # Visits ________<br>☐ ST: # Visits ________<br>☐ OT: # Visits ________ | PT Date Range: ____________<br>ST Date Range: ____________<br>OT Date Range: ____________ | | |
| | | Diagnosis Code(s): | CPT Code(s): | |
| **Home Health Care** | ☐ RN: # Visits ________<br>☐ PT: # Visits ________<br>☐ OT: # Visits ________<br>☐ ST: # Visits ________<br>☐ SW: # Visits ________<br>☐ HHA: # Visits ________<br>☐ Other: # Visits ________ | RN Date Range ________<br>PT Date Range ________<br>OT Date Range ________<br>ST Date Range ________<br>SW Date Range ________<br>HHA Date Range ________<br>Other Date Range ________ | | |
| **DMEPOS** | HCPCS Code:<br>Modifier:<br>Description:<br><br>*For DMEPOS provider requests and requests for oral enterals by any provider, contact Northwood directly for authorization at 866-802-6471* | Quantity (Units/Calories): | Cost | |

The number you will receive from the WellSense Prior Authorization Department is a reference number; it is not a guarantee of payment. Payment is based upon eligibility of the member on the date of service, verification of the service as a covered benefit, and medical necessity. Submission of cost or charge information does not guarantee payment at those rates. The Plan reimburses providers based on WellSense rates unless otherwise contractually specified.