

All REQUIRE MEDICAL RECORDS TO BE ATTACHED

Phone: 855-969-5884 Fax: 813-513-7304

This form is for pre-certification requests which will be processed as quickly as possible depending on the member's health condition.
Do not write STAT, ASAP, Immediate, etc. on this form. Please complete appropriate sections below.

Complete remainder of form for ALL requests.

Member Information

Name: _____ Date of Birth: _____ Plan ID#: _____

Requesting Provider Information

Requesting provider name: Acadian Ambulance Service of Texas TIN#: 300688582

Phone: (337) 521-3560 Fax: (337) 291-2271 Contact Person: _____ Ext. _____

Please provide a short clinical statement to support your request:

Facility Requested (No Abbreviations)

Name: _____

TIN#: _____ Non-Par

Phone: (____) _____ Fax: (____) _____

Provider Requested (No Abbreviations)

Name: Acadian Ambulance Service of Texas

TIN#: 300688582 Non-Par

Phone: (337) 521-3560 Fax: (337) 291-2271

Date of Service:

Diagnosis:

ICD-10 Code(s):

Diagnosis:

ICD-10 Code(s):

Service Requested: Check appropriate request(s)

If the service doesn't fall into one of these categories, please submit your request using a Referral Request Form.

- | | | |
|---|--|--|
| <input type="checkbox"/> Abortions | <input type="checkbox"/> Hospice ** Notification only | <input type="checkbox"/> Radiology/Diagnostic Test: CT, CTA, ECHO, MRA, MRI, Nuclear Med Cardiac, PET, Pill, MUGA, Radiation Oncology, Medical Oncology, Virtual Colonoscopy or Endoscopy and 3-D Ultrasound |
| <input type="checkbox"/> Acute Rehabilitation Facility | <input type="checkbox"/> Hyperbaric Oxygen Therapy | |
| <input type="checkbox"/> Acupuncture/Chiropractic care(after 12 visits) | <input type="checkbox"/> Implantable pump/device or stimulator | |
| <input checked="" type="checkbox"/> Ambulance (for non-emergency transport) | <input type="checkbox"/> Injectables/Infusion Therapy | |
| <input type="checkbox"/> Ambulatory Surgical Center (ASC) Services | | |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Injections > \$100 billed charges per unit | <input type="checkbox"/> Rehab: Cardiac/Pulmonary/Respiratory |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Inpatient Hospital | <input type="checkbox"/> Rehab Therapy (Chiro, PT, OT, SP) – any outpatient hospital and any office therapy > than 10 visits. |
| <input type="checkbox"/> Clinical Trials (not approved by Medicare) | <input type="checkbox"/> Medical Nutrition Education | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Cosmetic Procedures | <input type="checkbox"/> MOHS Procedure (Dermatology) | <input type="checkbox"/> Sleep Studies |
| <input type="checkbox"/> Dental Services (Medicare-covered) | <input type="checkbox"/> Non-Participating Provider | <input type="checkbox"/> Sterilizations |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Obstetrical Care | <input type="checkbox"/> TMJ Joint treatment |
| <input type="checkbox"/> DME/Orthotics/Prosthetics > \$500 (see * below) | <input type="checkbox"/> Outpatient Hospital (Excludes Ultrasounds, X-rays & Labs) | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Enteral Feedings | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Wound Care (outpatient hospital only) |
| <input type="checkbox"/> Experimental/Investigational Procedure | <input type="checkbox"/> Radiation Therapy/Radiation Oncology | |
| <input type="checkbox"/> Genetic Testing/Blood Products | | |

CPT or HCPC Code(s)

Description

of Visits/Injections

CPT or HCPC Code(s)	Description	# of Visits/Injections

Check box in this section for expedited requests ONLY. Medicare's definition of expedited is defined as one where "applying the standard time for making a determination could seriously jeopardize the life or health of an enrollee or the enrollee's ability to regain maximum function." **Yes**

*DME > \$500 if purchased or > \$38.50 per month if rented. Includes all wheelchairs, hospital beds, CPAPs, BiPAPs, nerve and bone growth stimulation devices and oxygen, as well as TENS devices, wound care/wound vacuums and related supplies, repairs, miscellaneous codes, and all Medicare non-covered items