PEOPLES HEALTH

FAX STANDARD, DIRECT ADMISSION, LEVEL OF CARE CHANGE, DISCHARGE ORDERS, UPDATED AND PRIORITY FORMS TO:
504-849-6979
225-346-5709
1-866-464-5709

SERVICE REQUESTED (PLEASE NOTE, SIGNED PHYSICIAN ORDER AND CLINICAL NOTES REQUIRED FOR ALL REQUESTS):

- ❑ SURGERY/PROCEDURE
  - ❑ Inpatient
  - ❑ Outpatient
  - ❑ Office
  - ❑ ASC
- ❑ HOME HEALTH
- ❑ DURABLE MEDICAL EQUIPMENT (DME)
- ❑ OUTPATIENT THERAPY
- ❑ OUTPATIENT DIAGNOSTIC TESTS
- ❑ LEVEL OF CARE CHANGE
- ❑ DISCHARGE ORDERS
- ❑ INPATIENT ADMISSION
- ❑ OTHER _____

_____

PHONE NUMBERS:
504-849-4500
225-346-6380
1-800-631-8443

Call MEMBER SERVICES for eligibility, benefits and authorization status at:
504-849-4690
225-346-5705
1-866-553-5705

This certification is based upon medical necessity and eligibility and is not a guarantee of payment.

In compliance with HIPAA Privacy Regulations Code Section 164.530 (c) (2): to safeguard protected health information.

MEDICAL NECESSITY FORM

Revised 4/01/2014

Note: Retroactive requests are not eligible for medical necessity review and authorization.

Date of Request: ____/____/____ MM DD YYYY

Choose the appropriate option:

❑ **STANDARD** For requests not requiring prioritization (decision made as soon as possible but no later than 14 days).

❑ **DIRECT ADMISSION, LEVEL OF CARE CHANGE OR DISCHARGE ORDERS** Request will be reviewed promptly. **Please note: For requests sent on a weekend or after 5 p.m., Monday through Friday, you may call the Peoples Health after-hours team at 504-849-4500, ext. 4410, 225-346-6380, ext. 4410 or 1-800-631-8443, ext. 4410 for status updates.**

❑ **REQUEST UPDATE/CLINICAL UPDATE/ADDITIONAL INFORMATION** For changes or additional information for your initial request, including a new date of service or procedure code change.

If the request requires prioritization because service is **scheduled or needs to be scheduled within two to seven business days**, check here ❑

If the request is medically urgent and a delay of more than three days could put the **member's life, health or ability to regain maximum function in serious jeopardy**, and **the physician believes the request should be expedited**, the physician should sign the form here _____, and fax the form to **504-849-6985, 225-346-5713 or 1-866-799-5713.**

Provide any additional information:_____

_____

Must submit only documentation pertaining to the service(s) listed on this form.

Support Documentation:

Check all that apply for the service(s) listed (signed physician order and clinical notes, including a diagnosis that supports your request, are required for all services).

All applicable boxes must be checked and all blanks completed. Incomplete forms will delay processing.

❑ Clinical Notes ❑ Diagnostic Tests ❑ Signed Physician Order

❑ Medications ❑ Laboratory Results ❑ Other:_____

Date of Service:

Is the service scheduled? ❑ **YES** ❑ **NO** Scheduled or anticipated date of service: ____/____/____ MM DD YYYY

Member Information:

Member ID # _____

Member Name _____ **Date of Birth** ____/____/____ MM DD YYYY

Additional Information: *Height*_____ *Weight*_____ *BMI* _____

Requesting Provider:

Name_____ Specialty _____

Office Contact_____ Phone_____ Fax _____

Servicing Provider:

Name_____ Specialty_____

Office Contact_____ Phone_____ Fax_____

Place of Service (i.e., facility name, DME vendor, etc.)_____

ICD Diagnosis Code(s) _____

Service(s) Requested_____

Procedure Code(s) CPT-4 _____

Describe Medical Necessity of Service(s)_____

_____

PEOPLES HEALTH

MEDICAL NECESSITY REVIEW REQUIRED FOR THE SERVICES LISTED BELOW*

These services are screened against InterQual criteria, Medicare guidelines and/or Peoples Health policy. **There are exceptions – procedures associated with certain categories in this list do not require authorization.** Use the Authorization Requirements Search tool at *http://www.peopleshealth.com/proc_auth* or via the Provider Portal to determine authorization requirements. Search by selecting a place-of-service code and inputting a CPT code.

In general, keep in mind:

- **Signed physician order and clinical notes are required for all requests for medical necessity review**
- **Services utilizing an unlisted CPT or HCPCS code require medical necessity review**

1. **All inpatient admissions**
2. **All outpatient surgical procedures, including amputations**
3. **Allergy testing**
4. **Ambulance services, nonemergency**
5. **Angiograms, including MRA, CTA and CT with PE protocols**
6. **Cosmetic and experimental procedures**
7. **Diagnostic and exploratory procedures**
8. **DME including but not limited to lancets and test strips**
   Note: Indicate testing frequency.
9. **Enhanced external counterpulsation (EECP)**
10. **Fertility procedures**
11. **Genetic testing**
12. **Home Health**
13. **Injections, including the following:**
    a. BOTOX
    b. SYNVISC (ORTHOVISC or similar injections for osteoarthritis)
    c. Spider vein
    d. Epidural steroid
    e. All injections related to chemotherapy and dialysis (e.g., PROCRIT, LUPRON)
14. **Laser treatment to eyes for elective procedures**
15. **Myocardial perfusion test beyond coverage guidelines (once every 12 months)**
16. **Outpatient therapies, including the following:**
    a. Physical
    b. Occupational
    c. Speech
    d. Dialysis (to include all treatment)
    e. Chemotherapy (to include all treatment)
    f. Radiation
    g. Respiratory
    h. Hyperbaric
17. **PET scans and PET fusions**
18. **Preventive services provided beyond coverage guidelines, including but not limited to the following:**
    a. Bone mass measurement, DEXA scan – one every 24 months
    b. Colorectal cancer screening
       i. Flexible sigmoidoscopy – one every 48 months
       ii. Fecal occult blood test – one every 12 months
       iii. Screening colonoscopy – one every 24 months
    c. Pap smear, pelvic exam – one every 12 months
    d. Prostate cancer screening – one every 12 months
    e. Screening mammogram – one every 12 months
19. **Select Medicare Part B-covered drugs**
    Visit ***http://www.peopleshealth.com/formulary*** to determine if a drug requires medical necessity review; a downloadable PDF titled **Prior Authorization** will appear on the search results for those drugs that do.
20. **Sleep studies**
21. **Transplant evaluations and all related treatment**
22. **Vascular procedures**
23. **Wound care treatment**

All services that cannot be provided in network must be reviewed for medical necessity. Procedures that do not require initial medical necessity review must still meet InterQual criteria, Medicare guidelines and/or Peoples Health policy, and are subject to retrospective review.

PEOPLES HEALTH

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www.peopleshealth.com

*If your contract with Peoples Health specifies that different or additional services than those listed on this form require medical necessity review, your contract preempts this list.