OPTUM Care®

PRIOR AUTHORIZATION FORM
AZ/UT Phone: 1-877-370-2845 opt 2
NV Phone: 1-855-893-2297 opt 2
Fax: 1-888-992-2809

Instructions:

- Please complete the form located on page two. Fields with an asterisk (*) are required.

You now have several options for submitting your Prior Authorization requests to OptumCare:

- If you have your own secure system, please submit authorization requests to: **LCD_UM@optum.com**
- You can fax your requests to **1-888-992-2809**
- Or mail the completed form to: **OptumCare**
  Attention: Prior Authorization
  PO Box 30539
  Salt Lake City, UT 84130

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PLEASE MARK ONE OF THE FOLLOWING:

☐ ROUTINE (Normal, non-urgent request)

☐ URGENT (Urgent is defined as significant impact to health of the member if not completed within 72 hours)

PATIENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ DOB: _____

PHONE: _____ INSURED ID: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REQUESTING PROVIDER INFORMATION:

PROVIDER NAME: _____

GROUP NAME: _____

SPECIALTY: _____

TAX ID #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

PHONE: _____ EXT: _____

FAX: _____

PLACE OF SERVICE INFORMATION:

PROVIDER/FACILITY: _____

GROUP NAME: _____

SPECIALTY: _____

TAX ID #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

PHONE: _____ EXT: _____

FAX: _____

SERVICES: DOS: _____

TYPE OF SERVICE: ☐ OUTPT ☐ INPT ☐ Office ☐ Surgery Ctr ☐ SNF ☐ Home ☐ Other: _____

DIAGNOSIS CODE(S): _____ _____ _____ _____ _____ _____ _____

CPT/HCPCS CODE(S) (INCLUDE NUMBER OF UNITS PER CODE): _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____

DME ITEMS (CHECK ONE): ☐ RENTAL ☐ PURCHASE Cost: _____

• PLEASE ATTACH SUPPORTING CLINICAL INFORMATION (E.G., PLAN OF CARE, MEDICAL RECORDS, LAB REPORTS, LETTER OF MEDICAL NECESSITY, PROGRESS NOTES, ETC.)

This authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage.

rev date: 04/19