Out-of-network prior authorization request form

Behavioral health requests (MH/SUD): rmhpbhvm@uhc.com or fax to 888-240-2689
Physical health requests: RMHPCMResearchTeam@uhc.com or fax to 800-262-2567
Concurrent/inpatient requests: rmhpmedicalum@uhc.com or fax to 833-787-9448

☐ New request ☐ Revised request of approval number:		
To ensure your prior authorization request is completed in a timely manner, please allow:		
Medicaid – 10 days **DSNP** – 10 days **Medicare** – 14 days **CHP+** – 10 days **Commercial/IFP** – 5 days		
Patient name:	Member ID number:	Date of birth:
Requesting provider (Please use full name):	TIN:	
Attending provider (Please use full name):	TIN:	
Provider phone number:	Provider fax number:	
Billing contact (if different than requesting provider):	TIN:	
Billing contact:	Contact fax number:	
Facility/office where service is to be performed:	TIN:	
Address:	Phone number:	
Contact for determination notification:	Contact phone number:	
Services:		
☐ Inpatient ☐ Observation ☐ Outpatient ☐ Outpatient surgery ☐ Office ☐ Transplant evaluation ☐ Transplant listing		
If transplant, what organ?		
Date range of services being requested (include anticipated start and end date):		
Diagnosis code:		
Diagnosis description:		

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Don't forget to attach clinical notes with this request to avoid processing delays.	
CPT® code(s)/HCPCS code(s):	Name and quantity:
Description of services:	
For medications or enteral nutrition formula/supplies only: Where will the member pick up the supplies/items?	
Pharmacy name:	Store number:
Address:	
Phone number:	Fax number:

The prior authorization for services noted in this form is only for the time period during which the patient remains eligible on the patient's current health benefit plan or for a shorter period as specified in this form. Rocky Mountain Health Plans is not financially responsible for the services that are preauthorized if the patient is not eligible on the date services are provided. Further, as permitted by applicable law, this preauthorization is subject to concurrent review as to medical necessity, appropriateness or efficacy, and coverage for services being provided and is subject to the terms and conditions in the Member's Evidence of Coverage, including but not limited to, coordination of benefit provisions, preexisting conditions and limitations, and any agreements between Rocky Mountain Health Plans and the health care provider. Billing for the services preauthorized on this form is subject to nationally standardized rules for coding and paying health services as used by Rocky Mountain Health Plans.

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