TUFTS Health Plan

Tufts Health RITogether – Prior Authorization Request Form

Today's date: _____/_______/________ Fax form to: 857.304.6404

SERVICE TYPE REQUIRING AUTHORIZATION *(CHECK ALL THAT APPLY)*			
Ambulatory/Outpatient services □ Surgery/Procedure (SDC) □ Infusion or Oncology drugs	**Ancillary** □ Acupuncture □ Chiropractic □ IVF/ART □ Non-participating specialist	**Dental** □ Adjunctive dental services □ Endodontics □ Maxillofacial prosthetics □ Oral surgery □ Restorative	**Durable medical equipment (DME)** □ Prosthetic device □ Purchase □ Renal supplies □ Rental
Home health/Hospice □ Home Health (Circle: SN, PT, OT, ST, HHA, MSW) □ Hospice □ Infusion therapy □ Respite care	**Inpatient care/ Observation** □ Acute medical/surgical □ Long-term acute care □ Acute rehab □ Skilled nursing facility □ Observation	**Nutrition/Counseling** □ Counseling □ Enteral nutrition □ Infant formula □ Total parental nutrition	**Outpatient therapy** □ Occupational therapy □ Physical therapy □ Pulmonary/Cardiac rehab □ Speech therapy
Transportation □ Non-emergent ground □ Non-emergent air	**Other (specify):**		

PROVIDER INFORMATION		
Requesting provider name and NPI #:	**Phone:**	**Fax:**
Servicing provider name and NPI #: □ Same as requesting provider	**Phone:**	**Fax:**
Servicing facility name and NPI#: □ Same as requesting provider	**Phone:**	**Fax:**

MEMBER INFORMATION	
Patient name:	**Patient gender:** □ Male □ Female
Patient DOB:	**Health insurance ID #:**
Patient account/control #: **Patient phone:**	**Patient address:**

DIAGNOSIS/PLANNED PROCEDURE INFORMATION	
Principal diagnosis and description: **ICD-10 codes:**	**Principal planned procedure (description and CPT/HCPCS code):** **# of units being requested:** □ ___Hours □ ___Months □ ___Days □ ___Visits □ ____Dosage
Secondary diagnosis and description: **ICD-10 codes:**	**Secondary planned procedure (description and CPT/HCPCS code):** **# of units being requested:** □ ___Hours □ ___Months □ ___Days □ ___Visits □ ____Dosage
Services start date:	**Services end date:**