MEDICAL PRE-AUTHORIZATION REQUEST FORM

_____**ROUTINE**

_____**URGENT ***

***A physician with knowledge of the patient's medical condition must determine it a case involving urgent care and that use of non-urgent timeframes could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function; or, based on the physician's opinion, the member would be subjected to severe pain. NOTE: Urgent requests <u>MUST</u> be accompanied by a signed physician's order.**

Date_____ Office Contact_____ Phone_____ Fax_____

Attending Physician _____NPI# _____

Patient Name (Last)_____(First)_____(Middle)_____ DOB _____

ID # _____HMO (Plan) _____ Group # _____

Other Insurer (if any)_____

Date of Admit _____ Date of Surgery _____ IP/OP (Circle One) Anticipated LOS_____

Facility Name & Address _____

Facility Status: PAR NON-PAR Reason for Non-Par Request:_____

Diagnosis (must be provided)		**Procedure (must be provided)**		**Circle (appropriate eye(s)**
ICD _____	Description_____	CPT_____	DESCRIPTION _____	RT LT 50
ICD _____	Description_____	CPT_____	DESCRIPTION_____	RT LT 50
ICD _____	Description_____	CPT_____	DESCRIPTION_____	RT LT 50

Medical Reason for Request _____

Attach additional pages if necessary

Patient's Subjective Complaint_____

Patient's BCVA OD_____ OS_____

Target Refraction OD_____ OS_____

<u>A comprehensive ophthalmic evaluation, including manifest refraction documenting the medical necessity for cataract surgery must be completed no longer than three months prior to surgery.</u>

Signature of Attending Physician: _____ Date:_____

Office Address: _____

PRE CERTIFICATION/AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. COVERED SERVICES ARE BASED ON MEMBER ELIGIBILITY AND BENEFIT LIMITATIONS AT THE TIME SERVICE(S) ARE RENDERED.

PLEASE FAX YOUR REQUEST TO: (877) 865-1077 OR MAIL TO:
OPTICARE MANAGED VISION, INC, ATTN: MEDICAL MANAGEMENT, PO BOX 7548, ROCKY MOUNT, NC 27804

If denied, please refer to your Provider Manual or call (800) 465-6972 to be informed of your appeal rights.