



Precertification Request Form

Please use MCS Electronic System whenever available. Otherwise, use form below.

Date of Request: _____

PHP Utilization Management

Date of Service: _____

Phone 720.612.6600 | Fax 303.605.1545

<input type="checkbox"/> ROUTINE CMS regulations for processing a Routine request is 14 business days and 72 hours for Part B Medications.	<input type="checkbox"/> URGENT* CMS regulations for processing an Urgent request is 72 hours and 24 hours for Part B Medications. Please reserve Urgent requests to those that are medically urgent in nature. *NOTE: Urgent requests will be given a 10-day authorization only.
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To avoid delays in processing time, please ensure all supportive clinical information is provided with request submission.

Member Info:				
Last Name: _____		Insurance ID #: _____		
First Name: _____		DOB: _____		
Requesting Provider Info:				
Provider Name: _____		Phone: _____		
Office Contact: _____		Fax: _____		
Prior Authorization:				
<input type="checkbox"/> Procedure/Service:				
<input type="checkbox"/> Outpatient Procedure		<input type="checkbox"/> Inpatient Procedure		
Procedure/Service Requested: _____				
Facility/Provider: _____				
<input type="checkbox"/> DME: Facility/Provider: _____				
CPT Code or Procedure	1.	2.	3.	4.
ICD-10 or Diagnosis	1.	2.	3.	4.
Provide pertinent clinical information including history, current signs and symptoms, duration, past treatments, results of recent diagnostics or lab, proposed treatment plan. Please attach additional information as needed.				

****IMPORTANT****

To ensure a timely response/determination on your request, please fax all supporting clinicals with request as soon as possible to PHP PA Department at 303-605-1545. This will help facilitate processing of request and decrease unnecessary phone calls.

This referral is not a guarantee of payment. Coverage will be determined based on eligibility and availability of remaining benefits at the time of service