



Prior Authorization Request for Outpatient Services Coversheet

Panniculectomy, Excision of Excess Skin and Subcutaneous Tissue (including Lipectomy), Related Services

Please ensure each **REQUIRED** field is completed correctly. Any missing information marked **REQUIRED** could result in case rejection.

Please provide direct phone numbers for clinical and support staff questions.

FAX to JK: 317-841-4530 or J6: 317-841-4528

Request Date:	Number of pages including coversheet:
Submission Type - REQUIRED <input type="checkbox"/> Initial Request <input type="checkbox"/> Resubmission: A <i>REQUEST IN RESPONSE TO A NON-AFFIRM</i> , *Resubmissions must include all initially submitted documentation <u>in addition to</u> additional records requested.	
<input type="checkbox"/> Expedited Review with Rationale:	

Beneficiary Information (see Medicare card)

Last name - REQUIRED	First - REQUIRED	Male <input type="checkbox"/> Female <input type="checkbox"/>	Medicare ID - REQUIRED	Date of Birth
Mailing Address, City, State, Zip - REQUIRED *Note: The beneficiary listed will receive a decision letter **				

Hospital Outpatient Department Information

** Decision letters will be faxed or mailed to the Hospital Outpatient Department.

Hospital/Facility Name - REQUIRED	NPI - REQUIRED	PTAN - REQUIRED
ATTN (outpatient contact) - REQUIRED	Hospital Fax number:	
Address, City, State, Zip - REQUIRED		
Claim Type of Bill (TOB) Code - REQUIRED	Anticipated Dates of Service/Surgery	

Physician Information

Physician Name - REQUIRED	NPI - REQUIRED
Address, City, State, Zip - REQUIRED	

Requestor Information

Requestor Name - REQUIRED	Requestor Email Address - REQUIRED
Requester phone number - REQUIRED	Requester FAX number:
Non-PHI passcode created by the <u>requester</u> that allows NGS staff to communicate via email without the use of PHI. - OPTIONAL	

Requested Outpatient Services

<p>Select Applicable Panniculectomy Service(s) - REQUIRED</p> <p>*Note: 15847 cannot be requested without 15830</p> <p><input type="checkbox"/> Multiple Procedure Request - (Please complete an additional Prior Auth service code coversheet)</p> <p><input type="checkbox"/> 15830 <input type="checkbox"/> 15847* <input type="checkbox"/> 15877</p>
