



**Prior Authorization Request for Outpatient Services Coversheet**  
**Rhinoplasty 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 - <b>REQUIRED</b> <input type="checkbox"/> Initial Request <input type="checkbox"/> Resubmission: A <i>REQUEST IN RESPONSE TO A NON-AFFIRM</i> , <i>*Resubmissions must include all initially submitted documentation in addition to additional records requested.</i>	
<input type="checkbox"/> Expedited Review with Rationale:	

**Beneficiary Information (see Medicare card)**

Last name - <b>REQUIRED</b>	First - <b>REQUIRED</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Medicare ID - <b>REQUIRED</b>	Date of Birth
Mailing Address, City, State, Zip - <b>REQUIRED</b> *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 - <b>REQUIRED</b>	NPI - <b>REQUIRED</b>	PTAN - <b>REQUIRED</b>
ATTN (outpatient contact) - <b>REQUIRED</b>	Hospital Fax number:	
Address, City, State, Zip - <b>REQUIRED</b>		
Claim Type of Bill (TOB) Code - <b>REQUIRED</b>	Anticipated Dates of Service/Surgery	

**Physician Information**

Physician Name - <b>REQUIRED</b>	NPI - <b>REQUIRED</b>
Address, City, State, Zip - <b>REQUIRED</b>	

**Requestor Information**

Requestor Name - <b>REQUIRED</b>	Requestor Email Address - <b>REQUIRED</b>
Requester phone number - <b>REQUIRED</b>	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 - REQUIRED**

<input type="checkbox"/> 20912	<input type="checkbox"/> 21210
<input type="checkbox"/> 30400	<input type="checkbox"/> 30410
<input type="checkbox"/> 30420	<input type="checkbox"/> 30430
<input type="checkbox"/> 30435	<input type="checkbox"/> 30450
<input type="checkbox"/> 30460	<input type="checkbox"/> 30462
<input type="checkbox"/> 30465	<input type="checkbox"/> 30520
<input type="checkbox"/> Multiple Procedure Request – (please complete an additional Prior Auth service code coversheet)	