PREAUTHORIZATION REQUEST FORM

Last Name: Smith | First Name: John Q.

DOB: 04/04/1990 | Member #: XUH1234567890 | Group #: 12345XX6/0000

Preauthorization Request Information

Please list **both** procedure/product code **and** narrative description.

CPT/HCPCS Code(s): 27407 | Durable Medical Equipment: ☐ Rental ☐ Purchase

Description: Repair torn ACL (CPT 27407)
Left Knee

Date of Service: 07/17/2014 | Length of Stay (if applicable): 24 hours

Place of Service or Vendor Name: Acumen Medical Hospital

Assistant Surgeon Requested? ☐ Yes ☑ No

Please list **both** diagnosis(es) code **and** narrative description:

1. ICD-9 code 717.83 ICD-10 Code: 717.83/M23.61

Description: Sprain/tear anterior cruciate ligament left knee

2. ICD-10 Code:

Description:

Ordering Physician/Provider: Seymour Koffs, DO | Office Location: 791 North Lane, Somewhere, Oregon

Referring Physician/Provider: Seymour Koffs, DO

Date: 06/17/2014 | Contact Person: Joe Black | Phone: 555-888-8888

Please note: Incomplete forms will delay the preauthorization process. Requests received after 3:00 PM are processed the next working day.

Acumen responds to preauthorization requests within 2 working days. A determination notice will be mailed to the requesting provider, facility , and patient. Please attach pertinent chart notes as appropriate.

FOR INTERNAL OFFICE USE ONLY:

STATUS: ☑ APPROVED ☐ DENIED ☐ PENDING ☐ EXPLANATION

Date: 06/20/2014 | Acuity: Unknown | Initials: SLH

Reason/Status: R code 56, S code 114, Px Auth #07896547666, Hosp Auth # HSP4756678

Field 11 Notes: See patient record | LOS Approved: L.W. Katts

Chart notes filled with preauthorization ☑ | Notes: Authorization numbers expire after 30 days

Field 10 Facility Copy: 791 North Lane, Somewhere, Oregon 12345