

THIS IS NOT AN APPROVAL. After validating the information on this form is correct, you must fax to 877-201-7302 or 970-254-5738 to submit the preauthorization request with supporting medical records. No payment will be issued for services without preauthorization.

Plans underwritten by Rocky Mountain HMO (RMHMO)
or Rocky Mountain HealthCare Options, Inc. (RMHCO)



ROCKY MOUNTAIN
HEALTH PLANS®
We understand Colorado. We understand you.

Preauthorization Request

DOC TYPE 1M

RMHP Statewide Fax: 877-201-7302 or 970-254-5738

New Request Revised Request of Approval # _____

To ensure your pre-service request is completed in a timely manner, please allow:

Medicaid — 10 days Medicare — 14 days CHP+ — 15 days Commercial — 15 days

Patient Name: _____ Member ID#: _____ - _____

Date of Birth: _____

Requesting Provider (Please use full name): _____

Provider Phone #: _____ Provider Fax #: _____

Billing Provider (Please use full name): _____ TIN #: _____

Billing Provider Phone #: _____ Provider Fax #: _____

Facility/office where service to be performed: _____ TIN #: _____

Address and Phone #: _____

Contact for Determination Notification: _____ Contact Phone #: _____

Services:

Inpatient surgery Observation Outpatient Surgery Office Transplant Evaluation Transplant Listing

If transplant, what organ? _____

Date of Service: _____

ICD-9 Code: _____ Diagnosis Description: _____

— Don't forget to attach clinical notes with this request to avoid processing delays. —

CPT Code(s)/HCPCS Code(s): _____ Name and Quantity: _____

Surgical Assist Requested: Yes No Surgical Assist Name and Credentials: _____

Description of Services: _____

For medications or enteral nutrition formula/supplies only: Where will the member pick up the supplies/items?

Pharmacy Name: _____ Store Number: _____

Address: _____

Phone #: _____ Fax #: _____

The preauthorization for services noted in this form is only for the time period during which the patient remains eligible on the patient's current health benefit plan or for a shorter period as specified in this form. Rocky Mountain Health Plans is not financially responsible for the services that are preauthorized if the patient is not eligible on the date services are provided. Further as permitted by applicable law, this preauthorization is subject to concurrent review as to medical necessity, appropriateness or efficacy, and coverage for services being provided and is subject to the terms and conditions in the Member's Evidence of Coverage, including but not limited to, coordination of benefit provisions, preexisting conditions and limitations, and any agreements between Rocky Mountain Health Plans and the health care provider. Billing for the services preauthorized on this form is subject to nationally standardized rules for coding and paying health services as used by Rocky Mountain Health Plans.

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