Clinical Review Pre-Authorization Request Form – Medicare

ConnectiCare

Date:	Member ID #:
Member Name:	Member DOB:
Requesting Provider:	Provider Office Contact Name:
Requesting Provider ID #:	Office Contact Phone # and Ext:
Tax ID #:	Office Contact Fax #:
Dates of Service:	Servicing Provider:
ICD-9*/ICD-10*/CPT/HCPCS Code(s):	

* Services or inpatient discharges prior to Oct. 1, 2015 must use ICD-9 codes; services or inpatient discharges after Oct. 1, 2015 must use ICD-10 codes.

Fax Completed Form with Supporting Medical Documentation to Clinical Review at 1-866-706-6929

Services/Procedures Requested

- ☐ Ambulance/medical transport (non-emergent)
- ☐ Cardiac monitoring (ambulatory ECG)
  Pre-Authorization is NOT required for standard holter monitors and loop event recorders.
- ☐ Clinical trial (copy of the patient consent is required)
- ☐ DME, including but not limited to:
  - ___ Bone growth stimulator
  - ___ Power-operated wheelchair or scooter
  - ___ Oral appliance for the treatment of sleep apnea
  - ___ Other_____
- ☐ Genetic testing
  Pre-Authorization is required except for the following tests:
  - *Chromosomal microarray analysis*
  - *Cystic Fibrosis – screening only*
  - *Factor V Leiden*
  - *FISH testing for diagnosis of lymphoma or leukemia*
  - *Fragile X*
  - *Hereditary hemochromatosis*
  - *Prothrombin*
- ☐ Mammoplasty** (photos required)
- ☐ Pulmonary Rehabilitation
- ☐ Reconstructive surgery
- ☐ Transplant services except corneal
- ☐ Ventricular Assist Device
- ☐ Other_____

Fax form and medical documentation to Clinical Review at 1-866-706-6929

****To properly facilitate your request for Mammoplasty, please mail this form, medical documentation and photos to:**

ConnectiCare, Attn: Clinical Review Department
175 Scott Swamp Road, Farmington, CT 06032-3124

Please Note:
Services are not considered authorized until ConnectiCare issues an authorization.
Failure to submit complete information will delay processing of request.

See separate forms to submit pre-authorization requests for Home Health Care, IV Therapy or Out-of-Network Services.

Please contact Clinical Review at 1-800-508-6157 (select option #1) with any questions about pre-authorization.
This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-877-224-8230.

Print

ConnectiCare

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal.