

PHONE: 844-806-8217 OPT 3 FAX: 844-873-3163

PART B DRUG PRIOR AUTHORIZATION REQUEST

*****Form must filled out completely and clinical information attached*****

Select this box if the member is new to HTA and these services were previously authorized by another health plan.

Submitted by: (select one) <input type="checkbox"/> PCP Office <input type="checkbox"/> Specialist <input type="checkbox"/> Other	Today's Date: / /
Person to contact for this Submission:	Phone:

Patient's Name:	DOB:	Member ID:
-----------------	------	------------

Requesting Provider Section: (i.e. Provider name not location or facility)	Servicing Provider/Facility Section: (i.e. Facility or Provider Name, May be the same as Requesting Provider)
Requesting Provider Name:	Servicing Provider/Facility Name: Check here if same as Requesting <input type="checkbox"/>
NPI:	NPI:
Tax ID:	Tax ID:
Address:	Address:
Fax:	Fax:
Phone:	Phone:
Location Medication will be Administered <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Outpatient <input type="checkbox"/> Ambulatory Surgery Ctr	

Check one and complete the date of service.

<input type="checkbox"/>	Proposed Date of Service:	Proposed= Services that have not yet been provided. Requests will be authorized up to 90 days.
<input type="checkbox"/>	Retro Date of Service:	Retro= Services that have already been provided/started. Retro requests must be submitted from INN providers within 30 days from the date of service and prior to claim submission.

ICD-10 Code	Diagnosis	ICD-10 Code	Diagnosis
1.		3.	
2.		4.	

Code	Name of Medication	Route/Dosage/Frequency	# of Doses Requested	# of Units
1.				
2.				
3.				
4.				
5.				

This request will be processed per the standard organization determination timeframes. If this request needs to be treated as "expedited", please note clinical justification why applying the standard timeframe for a determination could seriously **jeopardize the member's life, health or ability to regain maximum function**:

Authorization does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitation, provisions and exclusions. Please refer to www.htanc.com for specific codes requiring a prior authorization.