



Plan:

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Virginia Premier

Fax: 800-827-7192

Phone: 888-251-3063

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Virginia Premier Complete Care

Auth Fax: 877-739-1364

Auth Phone: 888-251-3063

CM/LTSS Fax: 855-338-6467

CM/LTSS Phone: 877-739-1366

Authorization Request for Inpatient and Outpatient Services

Fax completed form to Medical-Management

In-Patient

☐ Medical

☐ BH

- ☐ Observation
- ☐ Surgical Procedures
- ☐ SNF
- ☐ Rehab
- ☐ LTAC

Out-Patient

- ☐ Surgical Procedure
- ☐ Rehab (PT, OT, & ST)
- ☐ Diagnostic Procedure
- ☐ Infusion/Chemotherapy

☐ Home Health

☐ Other _____

Member Name: Last, First

Member ID #

Date of Birth

Today's Date:

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****The following information is required to process your request:**

Admission/ Procedure Information

Date of Procedure/Admission: _____ Discharge Date: _____

Diagnosis code(s): _____ Diagnosis Description: _____

CPT code(s): _____ Procedure Description: _____

☐ Left

☐ Right

☐ Bilateral

Newborn Information: (Complete the following for OB Admits/Delivery)

EGA Weight (Kg) Apgar 1st Hep B vaccine (Newborns only): Date

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Physician Information

Requesting Provider: (Full Name) _____ Specialty: _____

NPI or Tax ID: _____ Phone #: _____ Fax #: _____

Facility Information

Hospital/ Facility: (Full Name) _____ NPI or Tax ID: _____

Phone #: _____ Fax #: _____

Person Completing this Form: _____

Phone: _____ ext. _____ Fax: _____

*** Please submit supportive clinical documentation to substantiate the need for service including but not limited to: H&P, office notes, laboratory and imaging results and skilled therapy reports.