Prior Authorization Request Form – Confidential

Please complete this form in its entirety. Fax completed form, along with all necessary clinical information to support medical necessity review request to Kepro at 512- 975-7642. You may also request a prior authorization (PA) by contacting Kepro's Customer Service Department at 800-634-4832.

Request Type (Select One) ☐Concurrent ☐Prior Authorization ☐Retrospective

Date of Request:_____

Provider Information

Requesting/Ordering/Referring Provider Name: _____
Requesting Provider NPI: _____
Servicing Provider Name:_____
Servicing Provider NPI:_____
Contact Person Name: _____
Contact Person Phone Number: Fax:

Participant Information

First Name: _____
Last Name: _____
Participant ID: _____
Date of Birth: _____
Phone Number: _____
Email Address:

Service Type: Select either Outpatient or Inpatient and the applicable service type below; Inpatient must include Length of Stay (LOS) start and end dates

☐ **Outpatient**	☐ **Inpatient**
Select applicable service type below Reminder: Procedure codes must be provided on Page 2 for Outpatient procedures	*Enter LOS and select applicable service type below* **LOS Start Date:** **LOS End Date**:
☐Home Health ☐Therapies (OT, PT, ST) ☐Home IV Therapy ☐Total Parenteral Nutrition ☐Intravenous Immunoglobin (IVIG) ☐Surgical Procedure ☐Pain Management ☐Gender Reassignment ☐Nutritional Counseling ☐Clinical Trials ☐Miscellaneous Services	☐Inpatient Hospital ☐Skilled Nursing Services ☐LTAC ☐Inpatient Rehab ☐Gender Reassignment ☐Transplant ☐Inpatient BH Admission ☐Inpatient SA Admission ☐BH Residential Treatment Facility ☐SA Residential Treatment Facility ☐BH Partial Hospitalization ☐SA Partial Hospitalization ☐Halfway Housing ☐Group Home ☐Intensive Outpatient (IOP BH or SU)

Diagnosis ☐Mark *Primary Diagnosis, use additional pages as necessary*

Primary	Diagnosis Code	Primary	Diagnosis Code
☐		☐	

☐		☐	
☐		☐	
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Services Requested *Use additional pages as necessary*

Modifier	Procedure Code	Requested Start Date	Requested End Date	Requested Quantity
Modifier	Procedure Code	Requested Start Date	Requested End Date	Requested Quantity

Additional Comments or Information