

Precertification/Prior Authorization Form

Employer Groups:
District School Board of Collier County

All items below require prior authorization	
Members should use a CHP provider	
SERVICES LISTED ON FORM MUST BE AUTHORIZED PRIOR TO BEING PERFORMED TO AVOID PENALTY	
1. All elective (non-urgent) inpatient admissions—Includes Hospice, Skilled Nursing, Rehab and Chemical Dependency/Mental Illness Treatment Facilities. IF Emergency admission or procedure must call CHP within 48 hours following the admission or procedure	
2. Hospital Observation Status Over 24 Hours	
3. Blepharoplasty	
4. Breast reduction	
5. CAT Scans	
6. MRI	
7. MRA	
8. PET Scan	
9. All CT Guided Procedures	
10. Durable medical equipment (DME) with cost anticipated in excess of \$500.00. Rental or Purchase	
11. Home health care in excess of 5 visits for skilled nursing visits, home physical, occupational and speech therapy	
12. Out patient rehab services Pre-Cert needed after 12 visits per discipline for PT, ST, OT	
13. Pain management (Epidurals, Facet Blocks and Nerve Stimulators) Epidurals Limited to Six (6) per Calendar Year	
14. Transplants (All) A) Initial Consultation _____ B) Evaluation _____ C) Actual Transplant _____	
NOTIFICATION ONLY (No PreCert Required)	
<ul style="list-style-type: none"> Newly diagnosed neoplasm Out of network lab services 	
For a comprehensive list of medications please go on line at www.envisionrx.com or call CHP for copy of the formulary.	
Comments:	
CHP Business Hours 8:00 am to 5:00 pm M-F If after hours call 239-659-7770 be sure to leave a message	
Revised 12/28/17	

<u>Physician information</u>	
Physician Name:	
Tax ID:	
NPI #:	
Address (If Out of Network):	
Phone Number:	
Fax Number:	
<u>Patient information</u>	
Patient name:	
Date of birth:	Phone #:
Member ID #:	
Group #:	
ICD-10/Diagnosis:	
CPT/Procedure:	
<u>Service information</u>	
Proposed date of service:	
Facility Name:	
Address (If Out of Network):	
Telephone #:	
Facility Fax:	
Tax ID:	
Inpatient (expected length of stay): <input type="text"/> # Days	
Outpatient (ASU) _____	
Hospital Observation over 24 hours _____	
*** Clinical Information Must Be Provided Before Approval of Requested Service***	
School Board Members-For a comprehensive list of medications please go on line at www.envisionrx.com or call CHP for copy of the formulary.	