

Precertification/Prior Authorization Form

Collier County Government Members Only
SERVICES LISTED ON THIS FORM MUST BE AUTHORIZED PRIOR TO BEING PERFORMED TO AVOID A PENALTY

<i>All items below require prior authorization</i>	
<i>**Members should use a CHP provider**</i>	
1. All elective (non-urgent) inpatient admissions- Includes Hospice, Skilled Nursing, Rehab and Chemical Dependency/Mental Illness Treatment Facilities. IF an Emergency admission or procedure, must call CHP within 48 hours following the admission or procedure	
2. Hospital Observation Status Over 24 Hours	
3. CAT Scans	
4. MRI	
5. MRA	
6. All CT Guided Procedures	
7. Home health care in excess of 5 visits for skilled nursing visits, home physical, occupational and speech therapy.	
8. Transplants (All) A) Initial Consultation _____ B) Evaluation _____ C) Actual Transplant _____	
9. Rental or Purchase of Durable Medical Equipment (DME) with cost anticipated in excess of \$500.00	
<u>NOTIFICATION ONLY (No PreCert Required)</u>	
<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	

Physician information

Physician Name: _____
Tax ID: _____
NPI #: _____

Address (If Out of Network): _____

Phone Number: _____

Fax Number: _____

Patient information

Patient name: _____

Date of birth: _____ Phone #: _____

Member ID #: _____

Group #: _____

ICD-10/Diagnosis: _____

CPT/Procedure: _____

Service information

Proposed date of service: _____

Facility Name: _____
Address (If Out of Network): _____

Telephone #: _____

Facility Fax: _____
 Tax ID: _____

Inpatient (expected length of stay): _____ # Days

Hospital Observation over 24 hours _____

***** Clinical Information Must Be Provided Before Approval of Requested Service*****