QualChoice® HEALTH INSURANCE

Pre-authorization Request
Clinically Urgent or Expedited

ATTENTION: This form is for "urgent" or "expedited" requests only.

Please read the instructions carefully before you fill out this form. The patient must be in an "urgent" condition in order to use this form.

What is an urgent healthcare service?

An urgent healthcare service is a service for a non-life-threatening condition that, in the opinion of a physician with knowledge of the member's medical condition, requires prompt medical care in order to prevent:

- A serious threat to life, limb, or eyesight;
- Worsening impairment of a bodily function that threatens the body's ability to regain maximum function;
- Worsening dysfunction or damage of any bodily organ or part that threatens the body's ability to recover from the dysfunction or damage; or
- Severe pain that cannot be managed without prompt medical care.

Examples of requests that might be considered clinically urgent:

- Treatment of cancer or acute infectious diseases
- Treatment of acute exacerbations of:
  - Neurologic conditions (MS, Guillain-Barre, CIDP, myasthenia gravis)
  - Systemic autoimmune diseases (lupus, RA, psoriatic arthritis)
  - Respiratory diseases (asthma, COPD)
  - Cardiovascular diseases (arrhythmias, unstable angina/CAD, limb ischemia)
  - Endocrine diseases (poorly controlled IDDM, Addison's, thyroid storm)

Today's Date (mm/dd/yyyy):	Scheduled/Anticipated Service Date (mm/dd/yyyy):

PROVIDER DATA

Primary Care Physician Information

Primary Care Physician NPI:	Primary Care Physician First Name:	Primary Care Physician Last Name:	
Contact First Name:	Contact Last Name:	Telephone Number:	Fax Number:
Street Address:	City:	State:	Zip:

Specialty Physician ☐ Network ☐ Out of Network

Specialty Physician NPI:		Specialty Physician Provider Type:	
Specialty Physician First Name:		Specialty Physician Last Name:	
Contact First Name:	Contact Last Name:	Telephone Number:	Fax Number:
Street Address:		City:	State: Zip:

Provider/Facility (Place of Service) ☐ Network ☐ Out of Network

Provider/Facility NPI:		Provider/Facility Type:	
Provider/Facility Name:			
Contact First Name:	Contact Last Name:	Telephone Number:	Fax Number:
Street Address:		City:	State: Zip:

MEMBER DATA

Member Identification Number:			
Group Number:			
Member's Legal First Name:	Member's Legal Last Name:	Telephone Number:	Email Address:
Patient's Legal First Name:	Patient's Legal Last Name:	Patient's Date of Birth (mm/dd/yyyy):	

DOCUMENTATION

Attach documentation that supports or facilitates your request. The following information is required for review. Check all that apply.

Place of Treatment:

☐ Provider Office ☐ Outpatient Facility ☐ Inpatient Facility ☐ Home Office ☐ Other _____

☐ Evaluation/Health History ☐ Office/Therapy Notes

Urgent/expedited requests based on scheduling convenience could result in endangering other patients who have truly clinically urgent conditions. Providers will be informed if a medical director determines that an urgent/expedited request is not truly clinically urgent. This will be recorded in the provider credentialing file. A pattern of inappropriate use of urgent/expedited requests may have credentialing/re-credentialing consequences. **Urgent requests require a provision of clinical rationale for urgency and attestation by signature of the ordering provider. If urgent status is not attested to by the provider (not office staff), it will be considered routine.**

CLINICAL RATIONALE – REQUIRED

ATTESTATION:

I, _____ MD/PA/NP attest that the request for urgent pre-authorization meets the criteria and is documented and supported in the medical records.

_____ _____

Physician Signature Date