



Prior Authorization Request Form

Note: All non-emergent services being provided to PACE Participants require prior authorization. Any services provided without obtaining prior authorization before rendering the service may result in a claim denial or a delay in payment of the claim while supporting clinical documentation is obtained. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

PLEASE FAX FORM TO: 915-875-8852

Patient Information	
Provider Information	Patient Information
Referring / prescribing physician:	Participant name
Contact name: Phone number:	Participant DOB Month / Day / Year
Fax number: NPI:	PACE Member ID:
Prior Authorization Information	
Servicing Provider: <input type="checkbox"/> MD/DO <input type="checkbox"/> DME <input type="checkbox"/> Lab <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	Facility address
Facility phone number	City State ZIP
Facility fax number	Facility Tax ID (TIN)
Proposed date of service	NPI
Service/procedure requested	Check one: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other _____
Primary Diagnosis / ICD-10 Code(s):	
Additional Diagnoses / ICD-10 Code(s):	
CPT / HCPCS Code(s):	
Status of request: (if requesting expedited, please provide rationale) <input type="checkbox"/> Standard <input type="checkbox"/> Expedited: _____	NOTE: Standard request decisions will be provided within 7 days, and expedited will be provided in 72 hrs from the time complete information is received.

Please include the following documentation with this Prior Authorization request:

- ☐ Recent history and physical exam, along with any consultation notes
- ☐ Consultation and medical clearance reports, where applicable
- ☐ Pertinent radiologic and laboratory studies
- ☐ Pertinent therapy evaluations and notes
- ☐ DME: all supporting documentation as required by Medicare to demonstrate medical necessity

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Effective Date: 11/12/2024
Revised Date: _____