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**UPDATE: New Prior Authorization Request Form** 

Earlier this month we sent a provider notification regarding our recently updated prior authorization request form: <a href="https://tinyurl.com/HPSM-NewPriorAuth">https://tinyurl.com/HPSM-NewPriorAuth</a>

## One critical tip for successfully completing this form:

	Prior Authorization <u>Request Form</u> completed form to 650-829-20 to PDF form and fill out of	l l	REQUEST  URGENT  ROUTINE  Mark ✓ or X	CAREADVANTAGE MEDI-CAL ACE
Today's Date:	MM-DD-YYYY			HEALTHWORX
Is member currently in the hospital?	YES NO IF YES,	FAX Facesheet	to 650-829-2060	
➤ Member Last Name:	First	Name, M.I.:		
Street Address:	City,	State, ZIP:		
Phone:	Member ID#:		_ DOB:	Age:
> Requesting Provider:			NPI:	
Street Address:	City,	State, ZIP:		
Phone:	Fax:	Office Cor	ntact:	
➤ Servicing Provider (if needed):			NPI:	
	Fax:	Office Co.	ete et	

The "Requesting Provider" is the provider who submits the form and will be providing the service.

The "Servicing Provider" is the provider who wrote the order, such as the member's primary care physician.

## Other tips:

- The previous version of the form will not be accepted after 4/1/2023.
- Make sure you're using the current version of the form. The current form is dated, "Version 5.0
  January 2023." You can always access the most up to date form at this webpage:
  <a href="https://www.hpsm.org/provider/authorizations">https://www.hpsm.org/provider/authorizations</a>
- Please complete all fields using the fillable PDF (typed, not handwritten).
- Only use one form for one patient and double-check the member ID number before sending. Note that we cannot process more than one patient per form.
- Set your fax machine settings to the highest quality possible.
- Check HPSM's Prior Authorization Required List each time you submit an authorization to
  determine if prior authorization is required. It's updated regularly (typically quarterly), and
  available here: <a href="https://www.hpsm.org/provider/authorizations">https://www.hpsm.org/provider/authorizations</a>

Please direct questions to HPSM Provider Services at <a href="mailto:PSInquiries@hpsm.org">PSInquiries@hpsm.org</a>.

Thank you for your continued commitment to our community, The Health Plan of San Mateo