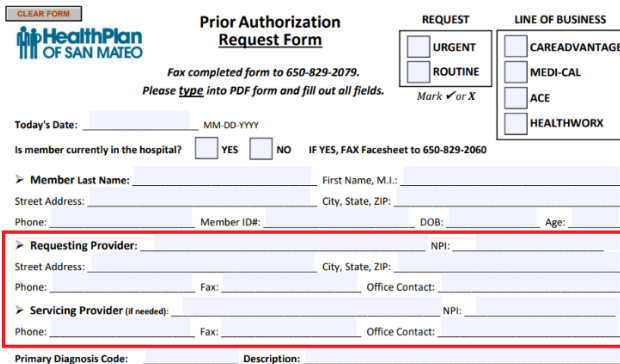


December 20, 2023

## Tips for Completing HPSM's Prior Authorization Request Form

For services that require prior authorization, please complete our Prior Authorization Request Form, available here: <https://tinyurl.com/HPSM-NewPriorAuth>

### Tips for successfully completing this form:



**Health Plan OF SAN MATEO**  
Prior Authorization Request Form  
Fax completed form to 650-829-2079.  
Please type into PDF form and fill out all fields. Mark ✓ or X

REQUEST:  URGENT  ROUTINE  
LINE OF BUSINESS:  CAREADVANTAGE  MEDI-CAL  ACE  HEALTHWORK

Today's Date: MM DD YYYY  
Is member currently in the hospital?  YES  NO IF YES, FAX Facsheet 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 Contact:

**Servicing Provider (if needed):** NPI:  
Phone: Fax: Office Contact:

Primary Diagnosis Code: Description:

- If you are submitting the form for yourself to perform the service, please list yourself under **“Requesting Provider”** and leave **“Servicing Provider”** blank.
- If you are submitting the form on behalf of another provider to render the service, please list yourself under **“Requesting Provider”** and the rendering provider under **“Servicing Provider.”**

- If you are an individual provider, please use your group NPI to prevent any servicing delays.
- 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: <https://www.hpsm.org/provider/authorizations>
- 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: <https://www.hpsm.org/provider/authorizations>
- Registered providers can submit the prior authorization form via the provider portal.

Please direct questions to HPSM Provider Services at [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org). Thank you,  
The Health Plan of San Mateo