2021 HPN Provider Summary Guide

NEVADA UNIVERSAL PRIOR AUTHORIZATION FORM

Health Plan of Nevada (HPN): Nevada Exchange: HPN POS: Tier I (HMO) Tier II (PPO) Tier III Health Plan of Nevada Medicaid: Sierra Health and Life: Out of plan Sierra Health and Life EPO			Primary Care Provider	Name / Address / Phone & Fax #:	
Phone: (LV) 702-243-8499 (outside LV) 888-224-4036 Fax #: (LV) 702-304-7411 (outside LV) 800-282-8845				Requesting Provider Name:	
Date of Request:					
Member Name & member number:				Requesting Provider's Address & Phone #:	
				Requesting Provider's Fax #:	
Members Address & Phone #:				Requesting Provider's Tax ID #:	
				HIPAA Provider Identif	ication #:
Member's DOB:				Contact Person (Name, Phone & Fax # :)	
Employer Group's Name & Phone #:				Requesting Provider's Signature or Stamped Signature:	
Other Insurance(s):					
Diagnosis (incl. ICD-10 code):				Procedure/Treatment Request (incl. CPT code):	
				Number of Treatments Requested Inpatient / Outpatient: Services Requested by Patient: YES NO	
Service Provider / Address / Phone #:				Place of Service / Facility and Address:	
				Requested Procedure Date / Start Treatment Date:	
Area for internal health plan use only	Authoriz	ation:	D	ate of Authorization:	Pended / Denied: (Reason):
Health Plan Contact name & phone #:	Yes	No	A	uthorization Number:	-

Pertinent Attachments=Information to support the proposed diagnosis, treatment/procedure; i.e. current clinical findings (progress reports), results of laboratory testing, imaging studies (x-rays, etc.) must be submitted to prevent processing delays.

* All Sections of this form must be completed.

**On adverse determinations a reconsideration / expedited appeal may be requested.

This referral/authorization is <u>not</u> a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage, Certificate of Coverage, or Self Insured Employer's Plan Documents.

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