UnitedHealthcare®

Nevada Standard Prior Authorization Request Form

Please submit your request online using our Prior Authorization and Notification tool on Link. You can access the tool at UHCprovider.com/paan. You may also initiate your request by phone by calling the number on the back of the member's health plan ID card or by faxing this completed form to (855) 352-1206.

Section I — Date and Time Submitted:_____a.m. / p.m. ET/MT/CT/PT

Section II— General Information

Review Type: Routine Urgent	Clinical Reason for Urgency
Request Type: □ Initial Request	Extension/Renewal/Amendment (Prev. Auth. #:_____)

Section III — Patient Information

Name	Patient Preferred Phone #	DOB	Sex: □ Male □ Female
Subscriber Name (if different)	Member ID #	Group #	

Section IV — Provider Information

Requesting Provider or Facility Name		***Service Provider or Facility Name***	
NPI # or Tax ID #	Specialty	NPI # or Tax ID #	Specialty
Phone		Phone	
Address		Address	
Name of Primary Care Provider		Phone	

Section V — Services Requested (with CPT, CDT or HCPCS Code) and Supporting Diagnoses (with ICD-10 Code)

Planned Service or Procedure	Code(s)	Start Date	End Date	Diagnosis Description	Code(s)

□ Inpatient □ Outpatient □ Provider Office □ Observation □ Home □ Day Surgery □ Other (specify)

□ Physical Therapy □ Occupational Therapy □ Speech Therapy □ Cardiac Rehab □ Mental Health/Substance Abuse

Number of sessions Duration Frequency Other

□ Home Health MD signed order must be attached to this request. Please also attach the nursing assessment.

Number of visits requested Duration Frequency Other

□ Durable Medical Equipment MD signed order must be attached to this request. Equipment/Supplies (Include Any HCPCS Codes) Duration

Section VI — Clinical Documentation: Please provide a brief explanation of medical necessity for service(s) and attach supporting clinical documentation with this request.

Please provide contact information in case we need more information.

Name:_____Phone_____(ext._____) email _____Preferred method of contact is: □ phone □ email

Section VII — Reason for Denial or Partial Denial

A list of services that require prior authorization is available at **UHCprovider.com/en/prior-auth-advance-notification.html**.