



## Prior Authorization Request Form for Nebulizer Medications

Please fax to: 1-866-464-0707 | Phone: 1-888-454-0013

\* **Required Field** – please complete all required fields to avoid delay in processing **Note:** In an effort to process your request in a timely manner, please submit any pertinent clinical information (i.e. progress notes, treatment rendered, test/lab results or radiology reports) to support the request for services. Any request for a non-contracted provider must include documentation to substantiate the reason for the request. **(When all required information has been submitted we will complete your request within 5 business days.)**

Expedited – defined as *danger to a member’s health if not provided within 72 hours*. Please explain:

### ► Member Information:

\*Member Name: \_\_\_\_\_

\*Member DOB:     /     /

\* Member ID: \_\_\_\_\_

\*Date of Service:     /     /

### ► Requesting Provider Information:

\*PCP/Requesting Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\***Phone #:** \_\_\_\_\_

\***Fax #:** \_\_\_\_\_

Office email: \_\_\_\_\_

► Referring to (servicing) provider information: if below fields are not answered, Bravo Health will automatically assign Bravo Health’s participating provider network to the member:

\*Name of Servicing Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

NPI#: \_\_\_\_\_

\***Phone #:** \_\_\_\_\_

Please check if provider is non-contracted

\***Fax #:** \_\_\_\_\_

Office email: \_\_\_\_\_

If requesting a non-contracted provider, please explain why: \_\_\_\_\_

Please indicate if this is a new authorization request  or extension of existing authorization

Please indicate authorization number if this is a request for an extension of medication.

**All request for nebulizer medications require a copy of the prescription from the ordering physician.**

**Please select medication from the list below:**

Albuterol - J7613

Ipratropium - J7644

Duoneb - J7620

Xopenex - J7614

Cromolyn - J7631

Budesonide - J7626

Dexamethasone - J7638

Acetylcystine - J1608

Metaproterenol - J7669

Other \_\_\_\_\_

### ► Clinical Information:

\***Diagnosis Code:** \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Duration: \_\_\_\_\_

\***Is supporting Clinical Information Attached?**    Yes    No - Please summarize clinical information below.

Include medications previously tried but failed therapy.