3/12/2021

Dear Network Provider,

SummaCare continues to receive incomplete authorization requests from physicians and facilities. We are experiencing a trend with prior authorization requests missing some or all of the information listed below:

- Sending only demographics
- No CPT codes
- No ICD-10 codes
- No requesting provider information
- No clinical information
- No date of service noted
- No NPI and tax ID
- Elective admissions- no date of service
- Incorrect date of admission

Authorization requests cannot be reviewed/processed without complete information and clinical documentation. In order to process your request and to avoid delays; please make sure all pertinent information is provided.

Click on the link below to view the most up to date list of Prior Authorization Services and Forms.

https://www.summacare.com/providers/prior-authorization/prior-authorization-services

The PDF form can be filled out online which is the preferred method to ensure all information is legible.

Thank you for your time and consideration to this matter. If you have questions, please contact the Benefit Determination Unit at 330.996.9710 option 2.

Sincerely,

SummaCare Case Management

SummaCare

PRIOR AUTHORIZATION REQUEST

Please Fax To Inpatient 234-542-0811. Radiology, Radiation Oncology, Medication Oncology, Lab And Genomic Testing 800-540-2406. All Other 234-542-0815.
In Order For This Request To Be Processed, This Form Must Be Completed In Its Entirety And Clinical Information Must Be Attached. *For Urgent Request Only, Please Call 330-996-8710 Or 888-996-8710.

Date: 04/07/21	Member ID#: A1234567890	Member DOB: 01/01/01	Member Phone #: XXX-XXX-XXXX
Member Last Name: DOE	Member First Name: JANE	Middle Initial: F	

ORDERING PHYSICIAN INFORMATION

Physician Last Name: JOHNSON	Physician First Name: JOHN		
NPI #: 123456789	Tax ID #: 34-1234567		
Address: 11 LONG ST	City: NOWHERE	State: OH	Zip Code: 22222
Phone #: XXX-XXX-XXXX	Phone # Optional Extension: XXXXX		
Other Contact Name: JOSIE	Fax #: XXX-XXX-XXXX		

PROCEDURE ORDER

*Has the service being requested already been performed? ☐ Yes ☑ No

Date of Service: 05/01/21 OR CAN PUT TBD IF NOT SCHEDULED	Diagnosis: HEART FAILURE
CPT Code(s): ENTER CPT CODES YOU WILL BE PERFORMING	ICD-10 DX Code: I50.9

☐ Elective Admission ☐ Outpatient Surgery
☐ Imaging ☐ Out-of-Network Referral
☐ Genetic Testing ☐ Other

Physician's Signature (*Genetic Testing Only*):

ADDITIONAL INFORMATION

Service Requested/Additional Notes:

PLEASE NOTE IF EMERGENT ADMISSION (or mark type above by checking correct box along whether inpatient or outpatient)

☐ Outpatient
☑ Inpatient

FACILITY/PROVIDER INFORMATION

Name of Facility: BIG HOSPITAL	Address: 123 LONG DR NOWHERE, OH		
Attending Physician Last Name: JOHNSON	Attending Physician First Name: JOHN		
NPI #: 999999999	Tax ID #: 99-99999		
Address: 40 SHORE DRIVE	City: NOWHERE	State: OH	Zip Code: XXXXX
Phone #: XXX-XXX-XXXX	Fax #: XXX-XXX-XXXX		

CLINICAL INFORMATION **– PERTINENT TO PROVIDER SERVICE (ATTACH COPIES OF PERTINENT CLINICALS)**
Include symptoms/findings, medications, labs, tests, imaging and conservative treatment (if any).