PEHP Health & Benefits

PRIOR AUTHORIZATION for ANESTHESIA SERVICES for GASTROINTESTINAL ENDOSCOPIC PROCEDURES

For authorization, please complete this form, include patient chart notes to document information and FAX to the PEHP Prior Authorization Department at (801) 366-7449 or mail to: 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization or benefit questions, please call PEHP Customer Service at (801) 366-7555 or toll free at (800) 753-7490.

Section I: PATIENT INFORMATION

Name (Last, First MI):	DOB:	Age:	PEHP ID #:

Section II: PROVIDER INFORMATION

Date Requested:		Service Provider Name:
Service Provider NPI #:	Service Provider Tax ID #:	Service Provider Address:

Contact Person:	Phone: ( )	Facsimile: ( )

Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: *Please check.* ☐ Auth Extension ☐ Pre-Auth ☐ Retro Auth ☐ Urgent	**Requested Date of Service:**	**Place of Service:** *Please check.* ☐ Ambulatory Surgical Center ☐ Inpatient ☐ Office ☐ Outpatient

Facility Name:	**Facility NPI #:**	**Facility Tax ID #:**
Facility Address:	**Facility Phone:** ( )	**Facility Facsimile:** ( )
Primary Diagnosis/ICD-10 Code:	**Secondary Diagnosis/ICD-10 Code:**	

Procedure (s) / Service (s) Requested: *Please list all requested services/CPT or HCPCS codes regardless of pre-authorization requirement.*

Procedure/Service: _____ CPT/HCPCS code: _____
Procedure/Service: _____ CPT/HCPCS code: _____
Procedure/Service: _____ CPT/HCPCS code: _____
Procedure/Service: _____ CPT/HCPCS code: _____

A. Type of Anesthesia Requested: *Please check.* **Estimated Anesthesia Time: _____**

1. ☐ General Anesthesia 2. ☐ Moderate ("Conscious") Sedation 3. ☐ MAC/Monitored Anesthesia Care ("Deep Sedation")

B. Anesthesia CPT Code (s):

QUESTION	YES	NO	COMMENTS/NOTES
1. Will anesthesia services be provided by an individual other than the attending physician performing the procedure?	☐	☐	
2. Is the patient over the age of 70 or under 18 years of age?	☐	☐	
3. Is deep sedation or MAC/Monitored Anesthesia Care being requested for a prolonged or therapeutic endoscopic procedure (i.e., ERCP's)? *Estimated anesthesia/procedure time:* _____	☐	☐	
4. Does the patient have a history of or anticipated intolerance to standard sedatives (e.g., individual on chronic narcotics or benzodiazepines, or has a neuropsychiatric disorder)?	☐	☐	
5. Is there an increased risk for complication due to severe co-morbidity (American Society of Anesthesiologist/ ASA class III physical status or greater)?	☐	☐	
6. If female, is the patient pregnant?	☐	☐	
7. Does the patient have a history of drug or alcohol abuse?	☐	☐	
8. Is the patient uncooperative or acutely agitated (e.g., delirium, organic brain disease, or senile dementia)?	☐	☐	
9. Does the patient have a history of previous problems with anesthesia or sedation?	☐	☐	
10. Does the patient have a history of stridor or sleep apnea requiring oxygen or BiPAP?	☐	☐	
11. Does the patient have dysmorphic facial features (e.g., Pierre-Robin syndrome or Trisomy-21)?	☐	☐	
12. Does the patient have an oral abnormality (e.g., small oral opening [less than 3cm in adults], high arched palate, macroglossia, tonsillar hypertrophy, or Mallampati class greater than II)?	☐	☐	
13. Does the patient have a neck abnormality (e.g., short neck, limited neck extension, neck mass, obesity involving neck & facial features, cervical spine disease or trauma, or tracheal deviation)?	☐	☐	
14. Does the patient have a jaw abnormality (e.g. micrognathia, retrognathia, trismus, or significant malocclusion)?	☐	☐	
15. Is the patient morbidly obese with BMI > 40 or BMI > 35 with significant co-morbid conditions?	☐	☐	

Additional Comments:

Please fax completed form and medical records to 801-366-7449.