PEHP Health & Benefits

PRIOR AUTHORIZATION for ANESTHESIA SERVICES / NON-STANDARD PLACE OF SERVICE

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: _____ ☐ Left ☐ Right ☐ Bilateral

Procedure/Service: _____ CPT/HCPCS code: _____ ☐ Left ☐ Right ☐ Bilateral

Procedure/Service: _____ CPT/HCPCS code: _____ ☐ Left ☐ Right ☐ Bilateral

Procedure/Service: _____ CPT/HCPCS code: _____ ☐ Left ☐ Right ☐ Bilateral

A. Type of Anesthesia Requested: *Please check.* **Estimated Anesthesia Time:** _____ **B. Anesthesia CPT Code (s):**

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

QUESTION	YES	NO	COMMENTS/NOTES
1. Will anesthesia services be provided by an individual other than the attending physician performing the procedure?	☐	☐	
2. Is general anesthesia or "MAC" being requested because alternative types of anesthesia, sedation, or analgesia are not appropriate?	☐	☐	
3. Is the patient under the age of 18 or over 70 years?	☐	☐	
4. Is there 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 an increased risk for airway obstruction due to anatomic variant?	☐	☐	
9. a. Does the patient have a history of previous problems with anesthesia or sedation?	☐	☐	
9. b. Does the patient have a history of stridor or sleep apnea requiring oxygen or BiPAP?	☐	☐	
9. c. Does the patient have dysmorphic facial features (e.g., Pierre-Robin syndrome or trisomy-21)?	☐	☐	
9. d. 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)?	☐	☐	
9. e. 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)?	☐	☐	
9. f. Does the patient have a jaw abnormality (e.g. micrognathia, retrognathia, trismus, or significant malocclusion)?	☐	☐	
9. g. 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.