PRIOR AUTHORIZATION for ANESTHESIA SERVICES

(Replaces Anesthesia Services for Dental and Gastrointestinal Procedures and Monitored Anesthesia Care)

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:	Ordering Provider/Physician:	Ordering Provider/Physician NPI #:	Ordering Provider/Physician Tax ID #:

Ordering Provider/Physician Contact Person:	Ordering Provider/Physician Phone:	Ordering Provider/Physician Facsimile:
	( )	( )

Rendering Provider/Facility and Address:	Rendering Provider/Facility NPI #:	Rendering Provider/Facility Tax ID #:

Rendering Provider/Facility Contact Person:	Rendering Provider/Facility Phone:	Rendering Provider/Facility Facsimile:
	( )	( )

Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: *Please check.*

☐ Authorization Extension ☐ Pre-Authorization ☐ Retro Authorization ☐ Urgent Authorization

Requested Date (s) of Service:

From: **To:**

Primary Diagnosis/ICD-10 Code:

Secondary Diagnosis/ICD-10 Code:

A. Type of Anesthesia Requested: *Please check.*

1. ☐ General Anesthesia ***(CPT code ranges 00100 – 01999; CPT code 41899 for dental services under medical)***
2. ☐ Intravenous Sedation
3. ☐ Local
4. ☐ Moderate Sedation or "Conscious" Sedation ***(CPT code ranges 99151 – 99157)***
5. ☐ Monitored Anesthesia Care (MAC) or "Deep" Sedation ***(CPT code ranges 00100 – 01999; GI related 00731-00732 or 00811-00813)***
6. ☐ Nitrous Oxide
7. ☐ Other (*please specify*): _____

B. Place of Service: *Please check.*

1. ☐ Ambulatory Surgical Center
2. ☐ Clinic/Office
3. ☐ Inpatient
4. ☐ Outpatient

C. Type of Service Requested: *Please check.*

1. ☐ Diagnostic
2. ☐ Dental
3. ☐ Surgery
4. ☐ Therapeutic

D. Estimated Anesthesia Time:

E. Anesthesia CPT Code(s) Requested:

F. 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

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

(Please check service being requested.) **QUESTION**	YES	NO	COMMENTS/NOTES
A. ☐ **Dental Services under Medical:**			
1. Is the patient 6 years old or younger and has a dental condition (e.g., baby bottle syndrome) that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combination of these noted or other dental procedures)?	☐	☐	

PEHP Health & Benefits

PRIOR AUTHORIZATION for ANESTHESIA SERVICES

(Replaces Anesthesia Services for Dental and Gastrointestinal Procedures and Monitored Anesthesia Care)

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

(Please check service being requested.) **QUESTION**	YES	NO	COMMENTS/NOTES
A. ☐ **Dental Services under Medical (*cont'd*):**			
2. Does the patient exhibit physical, intellectual, or medically compromising conditions, (i.e., mental retardation, cerebral palsy, epilepsy, cardiac problems, and hyperactivity) for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result & which, under anesthesia, can be expected to produce a superior result?	☐	☐	
3. Is the patient extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative and has dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity?	☐	☐	
4. Is local anesthesia expected to be ineffective due to, for example, acute infection, anatomic variations, or allergy?	☐	☐	
5. Has the patient sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised?	☐	☐	
6. Does the patient have bony impacted wisdom teeth?	☐	☐	
7. Does the patient require an extensive dental procedure and is classified by the American Society of Anesthesiologists (ASA) as class 3 or class 4?	☐	☐	
8. Does the patient require an extensive dental procedure and classified with a Mallampati score of 3 (soft palate, base of uvula visible) or 4 (soft palate not visible at all)?	☐	☐	
B. ☐ **General Anesthesia / Monitored Anesthesia Care for Diagnostic / Surgery / Therapeutic Services:**			
1. Will anesthesia services be provided by an individual other than the attending physician performing the procedure?	☐	☐	
2. Is there an increased risk for complication due to severe co-morbidity (American Society of Anesthesiologist/ ASA class III, class IV, or V)?	☐	☐	
3. Is the patient morbidly obese (body mass index [BMI] greater than 40 kg/m2)?	☐	☐	
4. Does the patient have a documented history of clinically significant obstructive sleep apnea?	☐	☐	
5. Is the patient unable to follow simple commands (e.g., cognitive dysfunction, intoxication, or psychological impairment)?	☐	☐	
6. Does the patient have spasticity or a movement disorder that may complicate the procedure?	☐	☐	
7. Does the patient have a history of or anticipated intolerance to standard sedatives, such as, chronic opioid use or chronic benzodiazepine use?	☐	☐	
8. Does the patient have active medical problems related to drug or alcohol abuse?	☐	☐	
9. Is the patient over the age of 70 or under 18 years of age?	☐	☐	
10. If female, is the patient pregnant?	☐	☐	
11. Does the patient have an increased risk for airway obstruction due to an anatomic variation, such as, history of stridor, dysmorphic facial feature, oral abnormality (e.g., macroglossia), neck abnormality (e.g., neck mass), or jaw abnormality (e.g., micrognathia)?	☐	☐	
12. Is the patient uncooperative or acutely agitated (e.g., delirium, organic brain disease, or senile dementia)?	☐	☐	
13. Will the patient be having a prolonged or therapeutic gastrointestinal endoscopy procedure that requires deep sedation?	☐	☐	

Additional Comments:

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