

REQUIREMENTS TO REQUEST A PREAUTHORIZATION: MEDICARE ADVANTAGE, COMMERCIAL & VITAL

Basic Requirements

Complete Medical Order:

- | | |
|--|--|
| <input type="checkbox"/> Name of the Patient | <input type="checkbox"/> Diagnosis & ICD-10 |
| <input type="checkbox"/> Date of Emission | <input type="checkbox"/> Doctor's Signature |
| <input type="checkbox"/> Service Requested & CPT/HCPCS | <input type="checkbox"/> Doctor's NPI Number |
| | <input type="checkbox"/> Doctor's License Number |

Necessity Justification (as applicable)

- | | |
|---|--|
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Physical Exam |
| <input type="checkbox"/> Diagnostics Tests (Radiology, Pathology, Laboratories, etc.) | <input type="checkbox"/> Treatment |

Modification Requests Requirements: Any modification must be requested through the fax number of the applicable business line, be it Commercial, Medicare Advantage or Vital. The request must include the reason for the modification, change of date, units, change of facility or service code (CPT/HCPCS)

USA Services

- Doctor's referral in Puerto Rico, requesting services in USA.
- Complete medical order: medical orders submitted by a Nurse Practitioners, Physician Assistant or Medical Students are not allowed
- Necessity Justification (as applicable)

Oncology Services with Diagnosis of Cancer: Quimiotherapy, PET CT, Molecular & Genetics Laboratories and Radiotherapy *Applies to Medicare, Vital and Federal Group

Must refer de request to the delegated entity:

Onco Health al fax: 1 (844) 964-7707

LOB - MEDICARE ADVANTAGE

Faxes: 787-620-0925 / 787-620-0926

787-706-2889 – PREPA

787-620-0947 – Discharge

LOB – COMERCIAL

Faxes: 787-774-4824 PA/USA

787-625-8650 Radiology and Procedures

Molecular Genetics Services

Requests must be complete and be referred via e-mail to: pagenetics@ssspr.com

CONTENIDO REQUERIDO PARA UNA SOLICITUD DE PREAUTORIZACIÓN: MEDICARE ADVANTAGE, COMERCIAL & PSG Vital

LOB – PSG VITAL

Faxes: 787-744-4837 Home Services
787-625-8651 Radiology and Procedures
787-706-2840 Transportation

Complete Primary Physician Referral: Can be issued by a participating doctor of the IPA to which the beneficiary corresponds

- | | |
|--|---|
| <input type="checkbox"/> Name of the Beneficiary
<input type="checkbox"/> Contract Number
<input type="checkbox"/> Date of Emission
<input type="checkbox"/> Diagnosis & ICD-10 | <input type="checkbox"/> Service requested & CPT/HCPCS
<input type="checkbox"/> Doctor's Signature
<input type="checkbox"/> Doctor's NPI Number |
|--|---|

Member with Special Coverage

- Doesn't required a Referral from a primary physician.
- Special Coverage must be active.
- Medical ordered must be made by the authorized specialist and must have all the components requires as establish previously. Orden médica debe ser emitida por especialista autorizado y tener todos los componentes requeridos según establecido previamente.

Necessity Justification (As applicable)

- | | |
|---|--|
| <input type="checkbox"/> Medical History
<input type="checkbox"/> Diagnostics Tests (Radiology, Pathology, Laboratories, etc.) | <input type="checkbox"/> Physical Exam
<input type="checkbox"/> Treatment |
|---|--|

Molecular Genetics Services

Requests must be complete and be referred via e-mail to: pagenetics@ssspr.com

DENTAL SERVICES

Fax: 787-706-4024

Services	Required Documents	Codes	Radiography	Clinical Reports
Prosthetics, Implants Re-Endodontics	ADA Form	CDT	Yes (As applicable)	Yes (As applicable)
Periodontics	ADA Periodontics Form Charting Periodontal	CDT	Yes (As applicable)	Yes (As applicable)
Hospital Call	ADA Form / DD171 Form	CDT	Yes (As applicable)	Yes (As applicable)
Surgical Doctor	MQ191 – Orthognathic Surgeries MQ192 – Surgical Medical Services	CPT & ICD-10	Yes (As applicable)	Yes (As applicable)
Orthodontic (VITAL)	Rereferral of Primary Care Physician/ ADA Form of the Orthodontist/ Treatment Plan of Orthodontics	CDT	Yes (As applicable)	Yes (As applicable)