

CARE MANAGEMENT DEPARTMENT REQUEST FOR HOME OXYGEN AUTHORIZATION

Fax Completed Form to (646) 473-7447

MEMBER'S FULL NAME (FIRST, LAST)

MEMBER ID#

PATIENT'S FULL NAME (FIRST, LAST) (IF NOT MEMBER)

Relationship to Member: Self Spouse Child

PATIENT'S DATE OF BIRTH (MM/DD/YYYY)

AGE

HCPCS/CPT Code(s) & Description:

ICD-10 Code(s) & Description:

Principal:

Secondary:

Anticipated duration of treatment: _____ or Duration is lifetime

Liter Flow Rate: _____ (LPM) **or** F102%: _____

of hours per day requiring O2: _____

If greater than 4 LPM is prescribed, enter results of most recent test taken on 4 LPM.

ABG Pa O2 level _____ mm / Hg

Pulse Oximetry Oxygen saturation level _____ %

DATE TEST COMPLETED (MM/DD/YYYY)

Answer below only if PO = 56-59 or oxygen saturation = 89% or less

Does the patient have dependent edema due to congestive heart failure? Yes No

Does the patient have cor pulmonale or pulmonary hypertension documented by P pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement?

Yes No

Does the patient have a hematocrit greater than 56%? Yes No

NAME OF ORDERING/TREATING PHYSICIAN TIN # (TAX ID) FAX #

X

PHYSICIAN SIGNATURE TODAY'S DATE (MM/DD/YYYY)

OFFICE ADDRESS CITY STATE ZIP CODE

NAME OF FACILITY/VENDOR PROVIDING SERVICE TIN # (TAX ID) FAX #

ADDRESS CITY STATE ZIP CODE

X

VENDOR AUTHORIZED SIGNATURE TODAY'S DATE (MM/DD/YYYY)

PRINT FULL NAME (FIRST, LAST) TITLE

CONTACT PERSON TITLE

TELEPHONE

In order to process your request, the Provider TIN # and Fax #'s along with the CPT / HCPCS and ICD-10 codes must be included. Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request. The Fund's Pre-authorization Call Center is available Monday to Friday, 9:00 am to 5:00 pm at (646) 473-7446. Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit the website at www.1199SEIUFunds.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.