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Surgery Prior Authorization Form

*Indicates a required field

Requirements: *Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics. Notification is required for any date of service change.* **Expedited Requests:** If the standard time for making a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call 1-866-334-7927.

Fax completed form to: 1-800-935-5752

Requestor Name: _____ Fax*: _____ Phone*: _____

MEMBER INFO (Please Print)			
WellCare ID*:		Medicaid/Medicare ID:	
Last Name*:	First Name, MI*:	Date of Birth*: / /	
REQUESTING PROVIDER (Please Print)			
WellCare ID:		NPI/Tax ID*:	
Provider Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
FACILITY (Please Print)			
WellCare ID:		NPI/Tax ID:	
Facility Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
PHYSICIAN (SURGEON)			
WellCare ID:		NPI/Tax ID*:	
Provider Name*:		Address:	
City, State, ZIP:		Fax*:	Phone:
DIAGNOSIS CODES*			
ICD-10:	ICD-10:	ICD-10	ICD-10
Place of Service (check one): <input type="checkbox"/> Office (11) <input type="checkbox"/> Inpatient Hospital (21) <input type="checkbox"/> Outpatient Hospital (22) <input type="checkbox"/> Ambulatory Surgery Center (24)			
Planned/Anticipated Surgery Date*: ___/___/____			
PROCEDURE CODE(S)*	Description	PROCEDURE CODE(S)*	Description
CPT Code:		CPT Code:	
CPT Code:		CPT Code:	
CPT Code:		CPT Code:	

Include all supporting clinicals and additional codes if needed

Authorizations will be given for medically necessary services only; it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity which could result, without immediate medical attention, in serious jeopardy to the health of an individual). *Urgent Care is defined as medically necessary treatment for an injury, illness, or other type of condition (usually not life threatening) which should be treated within 24 hours.

