El Paso Health Advantage Dual SNP (HMO D-SNP)
Pre-authorization Fax Form
Fax: 915-298-7866 / UM Dept. 1-915 532-3778 ext. 1500
Toll Free 1-833-742-3125

NOTE: Prior authorization is based on information provided to El Paso Health Advantage Dual SNP (HMO D-SNP) at the time of request, it does not guarantee payment of benefits nor verify eligibility and is subject to all terms, conditions, limitations, and exclusions related to the member's eligibility and subsequent medical review. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.

CIRCLE ONE: NEW REQUEST | ADDITIONAL INFORMATION | AMENDMENT | REFERENCE #: _____ Include Reference No. & Additional Info for all Amendment requests

Requesting Provider, Facility or Representative

Date of Request: _____ Provider Name: _____ NPI #: _____

Contact Person: _____ Phone #: _____ Fax #: _____

Place of Service: _____ Request Type: ☐ Standard ☐ Expedited (Urgent)

Patient Information

Member Name: _____ DOB: _____ Member ID: _____

Phone # : _____ Mobile # : _____ Emergency Contact: _____ Phone #: _____

Service Provider or Facility

Name: _____ Contact Person: _____ Phone #: _____

NPI #: _____ Specialty: _____ Fax #: _____

Place of Service: _____ Address: _____

Services Requested

Check One: ☐ Inpatient Services ☐ Office Treatment ☐ Observation ☐ Outpatient Services ☐ Behavioral Services

☐ DME ☐ Home Health ☐ Hospice ☐ Other (Describe Services): _____

Therapy (Circle One): ☐ ST ☐ PT ☐ OT Number of Sessions: _____ Duration: _____

EXPECTED DATE OF PROCEDURE: _____ Start Date: _____ End Date: _____

ICD-10 Code	CPT Code	Units/Encounters	CPT Code	Units/Encounters

To avoid delay with your requests, submit all pertinent clinical information along with the prior authorization request form.
Submit any additional documentation