June 14th, 2023

RE: Prior Authorization Requests – Updates and Reminders

Dear Contracted Provider,

L.A. Care Health Plan (L.A. Care) has developed a single request form for prior authorization requests/retro authorization. To ensure submitted requests are processed correctly and timely, it is imperative that this form is completed in its entirety, ensuring all data is correct.

Reminders:

1. Use the appropriate fax numbers indicated at the top of the form
   a. Please only use the urgent fax for requests that meet the urgent request definition
   b. Erroneous urgent requests put unnecessary strain on the Utilization Management (UM) team, leading to possible timeliness fallouts
2. Use available tools located on our public website, https://www.lacare.org/
   a. Under the "For Providers" drop-down, forms and manuals, our most current authorization request forms can be found
   b. Use the "Find A Doctor" icon at the top of the screen to locate a contracted provider/specialist
3. Validate who is at risk (delegated) ***before*** sending to L.A. Care to avoid delays. Participating Physician Group (PPG) may be at risk for Durable Medical Equipment (DME), Radiology, Physical Therapy (PT)/ Occupational Therapy (OT)/ Speech Therapy (ST), Home Health, or other needs
   a. Please locate the most up-to-date form on the LA Care website under Provider Resources, Forms and Manuals, Utilization Management Forms, Provider Authorization, and Billing Reference Guide
4. Complete the form in its entirety, ensuring all data is correct
   a. Specify Vendor (ensure contracted with L.A. Care by using the online provider Directory "Find a Doctor" tool at https://www.lacare.org/)
   b. Codes and quantity for each service – **PLEASE NOTE**: It is the responsibility of the requesting provider to ensure correct codes and quantities. L.A. Care will process as requested and will not calculate units, such as incontinence supplies or home health visits
   c. Supporting clinical documentation to substantiate the request. Not providing the clinical information required to justify the request will lead to delays and a possible adverse decision

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Transportation Requests

Members who need Non-Emergency Medical Transportation (NEMT, e.g., wheelchair van, gurney) to any location other than another facility require a Physician Certification Statement (PCS) found at https://www.lacare.org/ under For Providers/Provider Resources/Forms and Manuals/ Utilization Management Forms.

Please fax all requests to **(213) 438-2201**

- Must be signed by a physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender for the purposes of enabling a member to obtain medically necessary covered services
- All sections must be completed
- Ensure the date span is entered for one year (please enter dates)

For any questions on the attached form or tips, please contact your Account Manager.
For questions regarding a submitted authorization, please email the L.A. Care UM team at UM_Operations_Mailbox@lacare.org.

Sincerely,

Tara Nelson
Senior Director, Utilization Management
Enclosure: Prior Authorization Form

☐ **Authorization Fax Request Form ~OR~**	
☐ **Referral Form (L.A. Care Direct Network Only)** **If you are a PCP or Specialist requesting a referral to an In-Network Provider, mark the Referral box above.** **NO PRIOR AUTH REQUIRED for these services.** **Fax a copy of this Referral and clinical notes to the In-Network Servicing Provider to notify them of the Referral.** **Your patient can then call for an appointment. DO NOT FAX TO LA CARE AUTH NUMBERS BELOW.**	

Outpatient and Elective Services **Routine / Post Service Fax: 213.438.5777** **Urgent Fax: 213.438.6100**			**Behavioral Health** **Fax: 213-438-5054**	**CBAS** **Fax: 213-438-5739**
☐ Acupuncture	☐ Hospice	☐ PT / OT / ST	☐ BH Therapy / ASD	☐ Community Based Adult Services
☐ Chiropractic	☐ Laboratory / Pathology	☐ Radiology		
☐ Clinical Trials	☐ Palliative Care	☐ Specialty Referral	**LTC** **Fax: 213-438-4877**	**Transportation** **Fax: 213-438-2201**
☐ DME/Supplies	☐ Pharmacy	☐ Transgender Services		
☐ Elective Procedures	☐ Private Duty Nursing	☐ Transplant-Eval, Surgery	☐ Long Term Care	☐ Non- Emergency Medical Transport
☐ Home Health	☐ Prosthetics	☐ Other		

Not sure whether service requires prior authorization? Use our code look-up tool https://www.lacare.org/providers/provider-resources/prior-authorization-search
Any questions? Call the L.A. Care UM call center at 877.431.2273

Complete *BOLDED required fields below to avoid delays in processing

Member Information			
***Member ID:**	***Date of Birth:**		
***Member Name:**			
Requesting Provider Information			
To find an in-network Provider please visit http://www.lacare.org/find-doctor-or-hospital			
***Request Date:**	***Request Type:** ☐ **Routine** ☐ **Urgent** ☐ **Post Service**		
***Requesting Provider:**		***Specialty:**	
***Phone Number:**	***Fax Number:**	***NPI:**	
***Address:**		***City:**	***Zip:**
***Date(s) of Service:**			
Servicing Provider Information			
***Servicing Provider:**		***Specialty:**	
***Phone Number:**	***Fax Number:**	***NPI:**	
***Address:**		***City:**	***Zip:**
***Place of Service:** ☐ **Inpatient** ☐ **Outpatient** ☐ **ASC** ☐ **Office** ☐ **Other:**			
Facility Provider Information (if applicable)			
***Servicing Facility:**			
***Phone Number:**	***Fax Number:**	***NPI:**	
***Address:**		***City:**	***Zip:**
***List ICD-10 Codes below:**			

***CPT / HCPCS Codes / Descriptions for service(s) REQUIRING Authorization**		
***Clinical Indications (include pertinent past medical treatment, physical findings and attach all relevant medical records, test results, etc.)**		
Is the service being requested Out of Network? ☐ *No* ☐ *Yes* If yes, please provide reason for using an Out of Network facility/provider:		
Print Requesting Provider Name:	Provider Signature:	Date:

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AUTHORIZATION IS CONTINGENT UPON MEMBER'S ELIGIBILITY ON DATE OF SERVICE
Do not schedule non-emergent services until authorization is obtained