

**Authorization Request Form (UR Form)**

**Utilization Review Fax: 713-442-5333**

**Concurrent Review Case Mgmt Fax# 713-442-4930**

**Please Send:**

- 1) Pertinent Clinical Progress Notes.
- 2) Pertinent Lab and Radiological Results.
- 3) Any other information to support your request.

**Please complete all required fields. (\*)**

UR Phone: 713-442-5339

**Urgent reviews:** Request an urgent review for a patient with a life-threatening condition, or if the provider determines that the condition is severe or painful enough to warrant an expedited or urgent review to prevent a serious deterioration of the patient's condition or health. Please provide justification that applying the standard time for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function in the Urgent box below.

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|--|--|--|--|--|--|
| <b>Medicare Advantage Plans</b><br><input type="checkbox"/> KelseyCare Advantage <input type="checkbox"/> WellCare Texan Plus  |  | <b>Priority*:</b><br><input type="checkbox"/> Routine<br><input type="checkbox"/> Concurrent<br><input type="checkbox"/> Clinical Update |  | <input type="checkbox"/> <b>Retro</b><br><input type="checkbox"/> <b>Urgent</b> – Please include a Clinical Reason for Urgency:  |  |
| <b>Kelsey-Seybold Capitated EPO, HMO and POS &amp; Commercial Plans:</b><br><input type="checkbox"/> CIGNA HMO Network; POS Network<br><input type="checkbox"/> Cigna SureFit<br><input type="checkbox"/> Blue Essentials ERS HealthSelect of Texas<br><input type="checkbox"/> TRS Blue Essentials HMO<br><input type="checkbox"/> KelseyCare Powered by CIGNA – Network<br><input type="checkbox"/> KelseyCare Powered by CIGNA – Network POS<br><input type="checkbox"/> KelseyCare Aetna<br><input type="checkbox"/> KelseyCare Humana<br><input type="checkbox"/> Aetna HMO Medicare Advantage<br><input type="checkbox"/> Aetna Marketplace Bronze, Gold, Silver<br><input type="checkbox"/> Humana HMO Medicare Advantage<br><input type="checkbox"/> Humana Medicare Advantage D-SNP |  | <b>Patient Name (last, first)*:</b><br><b>Patient Date of Birth*:</b><br><b>Patient Member ID*:</b>                                      |  | <b>Name of Nurse/ Staff submitting form*:</b><br><b>Submitter's Phone*:</b><br><b>Submitter's Fax*:</b><br><b>Today's Date*:</b> |  |
| <b>Requesting Provider or Facility*</b>  |  | <b>Service Provider*</b>   |  | <b>Service Facility*</b>   |  |
| Name:  |  | Name:  |  | <input type="checkbox"/> Clear Lake Regional   |  |
| NPI#      Specialty:   |  | NPI:   |  | <input type="checkbox"/> Gramercy  |  |
| Phone:      Fax:   |  | Specialty:   |  | <input type="checkbox"/> Houston Northeast Medical Center  |  |
| Group Name (if applicable):  |  | Location/Address:  |  | <input type="checkbox"/> Kingwood Medical Center   |  |
| <b>Requesting Provider's Signature and Date*:</b>  |  | Phone:   |  | <input type="checkbox"/> Kelsey-Seybold Clinic ASC   |  |
| <b>Request Type:</b>   |  | Fax:   |  | <input type="checkbox"/> Kelsey-Seybold LabCorp  |  |
| <input type="checkbox"/> Ambulance Transport   |  | Group Name:  |  | <input type="checkbox"/> MD Anderson Cancer Center   |  |
| <input type="checkbox"/> Consultation/Follow-Up  |  | CPT/HCPCS Code (and Qty) *:  |  | <input type="checkbox"/> Memorial Hermann: (add location)  |  |
| <input type="checkbox"/> Dialysis  |  | Other pertinent information to be considered:  |  | <input type="checkbox"/> Houston Methodist (add location):   |  |
| <input type="checkbox"/> DME   |  |  |  | <input type="checkbox"/> CHI St. Luke's Hospital (add location):   |  |
| <input type="checkbox"/> Home Health   |  |  |  | <input type="checkbox"/> CHI St. Luke's Hospital – Medical Ctr   |  |
| <input type="checkbox"/> Outpatient Diagnostic Radiology   |  |  |  | <input type="checkbox"/> CHI St. Luke's Brazosport Facility  |  |
| <input type="checkbox"/> Outpatient Labs   |  |  |  | <input type="checkbox"/> CHI St. Luke's Kirby Glen   |  |
| <input type="checkbox"/> Outpatient Surgery  |  |  |  | <input type="checkbox"/> CHI St. Luke's Medical Towers   |  |
| <input type="checkbox"/> Outpatient Therapy (PT/OT/ST)   |  |  |  | <input type="checkbox"/> Texas Children's Hospital   |  |
| <input type="checkbox"/> Inpatient   |  |  |  | <input type="checkbox"/> TCH Woman's Pavilion  |  |
| <input type="checkbox"/> Inpatient Surgery   |  |  |  | <input type="checkbox"/> Tomball Regional Medical Center   |  |
| <input type="checkbox"/> 23 Hour Observation   |  |  |  |  |  |
| <input type="checkbox"/> IPR   |  |  |  |  |  |

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|--|--|--|
| <input type="checkbox"/> SNF                   |  | <input type="checkbox"/> Women's Hospital of Texas |
| <input type="checkbox"/> LTAC                  |  | <input type="checkbox"/> HCA Facility:             |
| <input type="checkbox"/> Transplant Evaluation |  | <input type="checkbox"/> Other:                    |
| <input type="checkbox"/> Transplant Surgery    |  |  |
| <input type="checkbox"/> Other:                |  |  |