

# Prior Authorization Form

LWAC Prior Authorizations Now Available on Availity

## Reminders for LifeWise Assurance Company Prior Authorizations

- ✓ Submitting prior authorizations through Availity gives you the fastest response.
- ✓ LifeWise secure tools transition to Availity on September 10.

**Get all the complete details below.**

### Get a Faster Response Using Availity for Online Submission

You can now access online prior authorizations for LifeWise members through Availity and **get faster responses compared to faxed requests**. Highlights include:

- Submit inpatient and outpatient prior authorizations and get real-time status updates with the Auth/Referral Inquiry Tool
- View the Auth/Referral Dashboard to filter requests and check status
- Use the Code Check tool to see if prior authorization is required
- Save drafts automatically in your dashboard for 18 months
- Attach required documents to your request (up to 10 files)

### LifeWise Secure Tools Transition to Availity on September 10

The following secure tools **will no longer be available** on the LifeWise secure provider website as of September 10:

- Eligibility and benefits
- Prior authorization and status
- Claims and payments
- Electronic funds transfer (EFT) includes enrollment and cancellation

Get a head start and begin using Availity now so that your office staff is up to speed on all things Availity **by September 10**.

Visit [https://apps.availity.com/availity/Demos/LP\\_AP\\_GetStarted/index.html](https://apps.availity.com/availity/Demos/LP_AP_GetStarted/index.html) to register with Availity and get training.

### **NOTE: Plans not served through Availity for prior authorizations:**

Individual Plans (use Evolent secure portal)

Medicare Advantage Plans (use Advantasure secure portal)

### **More information**

[Watch a recorded webinar](#) to learn how to use Availity's prior authorization tool.

### **For providers in Washington:**

[LifeWise Assurance Company \(lifewiseac.com\)](https://www.lifewiseac.com)

**Note:** Unless specifically requested elsewhere in this document, do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.

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**PRE-SERVICE/  
PRIOR AUTHORIZATION  
REVIEW REQUEST**

Complete and fax to:  
800-843-1114  
(Handwritten faxes not  
accepted.)



Request date: \_\_\_\_\_

**MEMBER/PATIENT:** \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Member ID: \_\_\_\_\_ Suffix: \_\_\_\_\_ Group #: \_\_\_\_\_

<p><b>REQUESTING PROVIDER:</b> _____ Address: _____ City/State/ZIP: _____ Phone: _____ Fax: _____ Contact person: _____ Tax ID (required): _____ NPI # (if available): _____</p>	<p><b>SERVICING PROVIDER:</b> _____ Address: _____ City/State/ZIP: _____ Phone: _____ Fax: _____ Contact person: _____ Tax ID (required): _____ NPI # (if available): _____</p>
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**REQUIRED: Complete all fields that apply for place of service. To enable SOS boxes download form before completing**

<p><b>FACILITY:</b> _____ Address: _____ City/State/ZIP: _____ Tax ID (required): _____ NPI # (if available): _____ Phone: _____ Fax: _____</p>	<p><input type="checkbox"/> Outpatient hospital    <input type="checkbox"/> Inpatient hospital <input type="checkbox"/> Office    <input type="checkbox"/> Ambulatory surgical center <input type="checkbox"/> Ongoing treatment    Other _____ * For medical and psychiatric lower levels of care, use our <a href="#">Admission/Concurrent Review Fax Form</a>. <b>Date scheduled:</b> _____ <b>Existing reference #:</b> _____ <b>Expiration date:</b> _____</p>
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**URGENT REQUEST**  
**PLEASE NOTE: Scheduling issues do not meet the definition of urgent.**  
Urgent requests must be signed and include supporting documentation from the provider's office, noting that standard timeframes for making a non-urgent determination could:

- Seriously jeopardize the life/health of the patient or the ability to regain maximum function, **or**
- Seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, **or**
- In the opinion of a provider with knowledge of the member's medical or behavioral condition, subject the patient to adverse health consequences without the requested care or treatment.

**I attest that this request meets the urgent definition described above: MD signature:** \_\_\_\_\_

**CLINICAL INFORMATION required. Attach supporting medical records and include presenting symptoms and previous treatment.**

Procedure code/CPT code:	Modifier: (LT/RT/ NU/RR)	ICD diagnosis code:

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