

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 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://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 – DME**

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



HOME MEDICAL EQUIPMENT/PROSTHETICS/ORTHOTICS

Request Date _____

Anticipated Delivery Date _____

MEMBER/PATIENT _____ Date of Birth _____	
Member ID _____	Suffix _____ Group # _____
REQUESTING PROVIDER: _____	SERVICING PROVIDER: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact person: _____	Contact person: _____
Tax ID (required) : _____	Tax ID (required) : _____
NPI # (if available): _____	NPI # (if available): _____

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: _____

ICD Diagnosis Codes _____

HCPCS Code	Requested Item	Quantity	Purchase Price	Or Rental Fee	Length of Rental

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