Sentara Health Plans

PO Box 66189

Virginia Beach, VA 23466

Pre-Authorization Request Form for Medicare Outpatient Services

Authorization requirements can be found at pal.sentarahealthplans.com/

Priority	Fax Number
Standard	844-220-9566
Expedited	844-220-9673
Part B Medication	844-895-3232

Check here if expedited ☐

The Centers for Medicare and Medicaid Services (CMS) defines an expedited request as a request for a determination that must be made quickly because waiting for a standard decision could seriously jeopardize a member's health, life, or ability to regain maximum function.

Please submit clinical documentation to support medical necessity to the appropriate fax number. For required photos, submit to SHPphoto@sentara.com.

Member Information

Name:	DOB:	ID#:
Diagnosis Code(s):		

Outpatient Procedure Codes/ Diagnostic Services

CPT/HCPC Code(s)	Units	Description	Date of Service

Outpatient Therapy

(Authorization for the codes below will authorize all allowed treatment codes.)

Select	Type	# of Visits	Start Date	End Date
☐	Physical Therapy 97110			

☐	**Occupational therapy 97530**			
☐	**Speech Therapy 92507**			

Home Health Therapy

Type	HCPC code(s)	# of Visits	Start Date	End Date
Skilled Nursing				
Physical Therapy				
Occupational Therapy				
Speech Therapy				
Medical Social Worker				
Home Health Aide				

Completed By
(the provider submitting the request)

Name:					
Phone:		**Ext:**		**Fax:**	

Requesting Provider
(the provider performing the procedure or service)

Name:		**Group Name:**	
NPI:		**Tax ID:**	
Phone:		**Fax:**	

Treating Provider/Facility
(the facility or location where procedure or service is being completed)

Name:			
NPI:		**Tax ID:**	
Phone:		**Fax:**	

Additional Information: