Children's Community Health Plan

CareWeb Qi Auto Authorization Tool Form

First page of CareWeb Qi Auto Authorization Tool

1. Provider requesting is entered as CVS

    1 . Who is the provider requesting pre-authorization?

    * Provider: [🔍]   Name: [   ]
                                   Address: [   ]

2. Pre-authorization Outpatient/Procedure

    2 . What is the Request Type?

    * Request Type: [--Select-- ▼]

3. Patient's Number

    3 . Who is the patient requiring the pre-authorization?

    * Patient: [🔍]   Name: [   ]
    Date Of Birth: [   ] Eligibility: [   ]   Address: [   ]
    Benefit Plan: [   ]

4. Patient's Diagnosis

    4 . What is the patient's diagnosis?

Code	Code Type	Description		
* [ ]	ICD-10 Diagnosis ▼	[ ]	Add	
Primary	**Code**	**Type**	**Description**	**DocumentableAction**

5. Procedure Code **90378**

    5 . What procedure(s) are requested in this Authorization?

Code	Code Type	Description		
* [ ]	CPT/HCPCS ▼	[ ]	Add	
Primary	**Code**	**Type**	**Description**	**DocumentableAction**

6. Requesting provider's clinic (You must use your clinic not CVS here)

Internal Reference: BCP Provider – Synagis (Rev. 11/10/17)

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6 . At which facility does the service need to be performed?

* Facility: [　　　　　　🔍]　　　　　Name: [　　　　　　　　　　]

* Date of Service: [　　　　] 📅 mm/dd/yyyy　　Address: [　　　　　　　　　　]

* Requested Level of Care: --Select-- ▼

Date of service Start Date

Requested Level of Care (Outpatient)

7. Attending Provider is written as provider filling out the form

7 . Who is the attending provider for the service?

* Provider: [　　　　　　🔍]　　　　　Name: [　　　　　　　　　　]

　　　　　　　　　　　　　　　　　　Address: [　　　　　　　　　　]

8. Any additional notes that you may have
    a. Please include that the pharmacy is billing for the medicine

9a. Contact Name – UM Name (who do we contact for more information)

9b. Contact – UM Phone Number

9c. Contact – UM Fax Number

Second page

1. Date of Service
2. Requested number of units

Third Page

1. Complete clinical Documentation (orange button on right ¾ ways down the page) If you do not complete this you will not be able to submit the authorization.
2. Attach Clinical pertinent to need for Synagis
3. Click the Submit button

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