Prior Authorization Request Form

COMMUNITY HEALTH PLAN of Washington™

Community HealthFirst™ Medicare Advantage Plans

For Apple Health Plans:

Prior Authorizations requests may be faxed to:
(206) 613-8873

Please call Customer Service to verify eligibility & benefits:
1-800-440-1561;
Monday through Friday, 8 a.m. - 5 p.m.

For Medicare Advantage Plans:

Prior Authorizations requests may be faxed to:
(206) 652-7065

Please call Customer Service to verify eligibility & benefits:
1-800-942-0247;
Seven days a week, 8 a.m. - 8 p.m.

- A complete list of services requiring Prior Authorization may be found at **www.chpw.org**
- Prior Authorization requests may be made through the Medical Management Portal at **www.chpw.org/submitcare**.
- **Please attach supporting clinical documentation to this fax.**
- Incomplete forms and requests without clinical information will delay processing
- A Prior Authorization is not a guarantee of payment; Payment is subject to member eligibility and benefits at the time of service

ORDERING PROVIDER INFORMATION

First Name:	Last Name:	Contact Phone #:	Contact Fax #:

Contact Person at this office:	☐ Ordering provider is PCP PCP's Clinic Name:	☐ Ordering provider is Specialist Specialty:

PATIENT INFORMATION

First Name:	Last Name:	MI:	Date of Birth:

CHPW Member ID:	

SERVICE PROVIDED BY

First Name:	Last Name:	Address:

☐ Participating ☐ Non-Participating	Tax ID:	Specialty:	Contact Phone #:	Contact Fax #:

Facility Name:	Address:
Diagnostic Cytogenetics, Inc.	2292 W. Commodore Way, Ste 100, Seattle, WA 98199

☐ Participating ☑ Non-Participating	Tax ID: 91-1134800	Contact Phone #: 800-328-2026	Contact Fax #: 206-325-2975

☐ Inpatient ☐ Outpatient | Please indicate **CLINICAL** urgency of request: ☐ Routine ☐ Urgent

Diagnosis: Primary: Code (_____) Description: _____

Secondary: Code (_____) Description: _____

Date of Service:

Services being requested:

CPT /HCPCS #1 88239 Description: Tissue culture,solid tumor

CPT /HCPCS #2 88261 Description: Chromosome analysis of 5 cells+ 1 karyotype

CPT /HCPCS #3 88280 Description: Additional karyotypes

☐ New request ☐ Extension

Request*

Visits: _____ Duration: _____

*Last Date of service if an extension _____

88285	Additional cells counted
88291	Cytogenetics interpretation and report
88377	In situ hybridization, multiplex probe staining, morphometric, manual

Updated: 11/2013