Stockton PACE
Program of All-Inclusive Care for the Elderly

Standardized Prior Authorization Request Form

Service Type Requiring Authorization *(Check all that apply)*

Ambulatory/Outpatient Services

- ☐ Outpatient Surgery Procedure
- ☐ Infusion or Oncology Drugs
- ☐ ADHC
- ☐ Prosthetic procedure
- ☐ Orthotic procedures
- ☐ Emergency dept. visit
- ☐ PACER Check
- ☐ Ophthalmology Evaluation and Management
- ☐ Wound Care
- ☐ Dialysis

Radiology

- ☐ General
- ☐ Cat Scan
- ☐ Mammography
- ☐ MRI
- ☐ MRI/CT
- ☐ Diagnostic Nuclear Medicine
- ☐ Radiology Therapy
- ☐ Ultrasound

Dental

- ☐ Adjunctive Dental Services
- ☐ Endodontics
- ☐ Oral Surgery
- ☐ Restorative
- ☐ Dental Hardware

Durable Medical Equipment

- ☐ Prosthetic Device
- ☐ Purchase
- ☐ Renal Supplies
- ☐ Rental
- ☐ Speech & Hearing Hardware
- ☐ Oxygen
- ☐ Wheelchairs
- ☐ Patient Lifts

Home Health

- ☐ Hospice
- ☐ Respite Care
- ☐ Infusion Therapy
- ☐ Beds & Mattresses
- ☐ Exterminator Services
- ☐ Occupational Therapy (in home)
- ☐ Physical Therapy (in home)
- ☐ In Home Medical Supplies
- ☐ Wound Care Supplies
- ☐ Incontinence Supplies
- ☐ Homemaker
- ☐ PCA
- ☐ HHA
- ☐ HH LPN
- ☐ HH RN
- ☐ Home Modifications

Inpatient Care

- ☐ Acute Medical/Surgical
- ☐ Long Term Acute Care
- ☐ Acute Rehab
- ☐ Skilled Nursing Facility
- ☐ Prepaid Nursing Home
- ☐ Respite/Temporary
- ☐ Observation
- ☐ Assisted Living
- ☐ Inpatient Psychiatric
- ☐ Inpatient Hospital

Nutrition/Counseling

- ☐ Counseling
- ☐ Enteral Nutrition
- ☐ Nutritional Supplements
- ☐ Meals & Distribution

Outpatient Therapy

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Pulmonary/Cardiac Rehab
- ☐ Speech Therapy
- ☐ Chiropractic
- ☐ Acupuncture

Psychotherapy

- ☐ Psychotherapy
- ☐ Psychotherapy group
- ☐ R&B Bed Hold
- ☐ R&B Psych

Transportation

- ☐ Non-Emergent Air
- ☐ Non-Emergent Ground
- ☐ Emergency
- ☐ Transportation to/from Center

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Physician Services	
☐ Anesthesiology	☐ Optometry
☐ Audiology	☐ Orthopedics
☐ Cardiology	☐ PCP
☐ Dermatology	☐ Podiatry
☐ Emergency rm.	☐ Psychiatry
☐ Gastroenterology	☐ Psychology
☐ Hematology	☐ Pulmonology
☐ Gynecology	☐ Surgeon
☐ Nephrology	☐ SNF
☐ Neurology	☐ Urology
☐ Oncology	☐ Inpatient Med. Specialist/Outpatient Med Specialist
☐ OTHER	

Provider Information		
Requesting Provider Name and NPI#: Insert Name & #.	**Phone:** Insert Number.	**Fax:** Insert Number.
Servicing Facility Name and NPI# Insert Name & #.	**Phone:** Insert Number.	**Fax:** Insert Number.
Contact Person: Insert Name.	**Phone:** Insert Number.	**Fax:** Insert Number.
Member Information		
Participant Name: Insert Name	**DOB:** Insert DOB.	**Stockton PACE ID #** Insert Number.

Diagnosis/Planned Procedure Information	
Principal Diagnosis Description: Click or tap here to enter text. **ICD-10 Codes:** Click or tap here to enter text.	**Planned Principal Procedure** (description and CPT/HCPCS Code): Click or tap here to enter text. **# of Units Being Requested:** Insert #. ☐**Hours** ☐ **Days** ☐**Months** ☐**Visits** ☐**Dosage**
Secondary Diagnosis Description: Insert Text. **ICD-10 Codes:** Insert Text.	**Secondary Planned Procedure** (description and CPT/HCPCS Code): Insert Text. **# of Units Being Requested:** Insert #. ☐**Hours** ☐ **Days** ☐**Months** ☐**Visits** ☐**Dosage**
Service Start Date: Insert Date.	**Service End Date:** Insert Date.

Please fax completed form to Stockton PACE at 1-844-548-3818. Call Provider Services at 650-336-0300 with questions.