



HPI's Precertification Form

Important: Before you proceed, check the precertification requirements, benefits, eligibility and UM Vendor.

If precertification is not required, this request will not be processed.

Please complete all information below. Incomplete submissions may be returned unprocessed.

HPI precertification fax number: 1-508-756-1382

Patient/Member Information

| | | | | |
|-------------------------|-----------------------|-----------------------|-------------|---------------|
| Patient Name: | HPI Member ID: | Date of Birth: | | |
| Mailing Address: | City: | ST: | ZIP: | Phone: |

Provider Information

| | | | |
|---|---------------------------|--------------------------|-------------|
| Select One: | Referring Provider | Treating Provider | |
| Provider Name/Address: | Tax ID: | Phone: | Fax: |
| Servicing Facility Name/Address: | Tax ID: | Phone: | Fax: |
| NPI Number: | Contact Person: | Phone: | Fax: |

Diagnosis/Planned Procedure

| | | |
|---------------------------------------|--------------------------------------|--------------------------|
| Procedure/Service Description: | Diagnosis Description: | |
| CPT/HCPCS Codes: | ICD-10 Codes: | |
| Service Start Date: | Surgery Date (if applicable): | Service End Date: |

Service Type (check all that apply and submit supporting clinical documentation)

**Additional Form Required*

| | | |
|---|---|--|
| Oncology Radiation, IMRT or other Clinical Trial Infusion or Oncology Drugs* <i>*See additional form for list of support drugs that do not require precertification</i> | Diagnostic Imaging (MRI, CT Scan, PET Scan) <i>*ONLY required for members belonging to the Boston Medical Center (BMC – B87), Signature Healthcare (SHG) and York Hospital (BH3) Groups</i> Scheduled Urgent/Emergent* | Home Health/Hospice Home Health (please indicate): SN OT HHA PT ST MSW Hospice Home Infusion Therapy |
| Durable Medical Equipment Purchase over \$1,000 Rental supplies for more than 3 months Rental supplies for less than 3 months Please Supply Cost per Line Item: CPAP Convert to Purchase after 3 Month Rental BiPAP Convert to Purchase after 3 Month Rental | Inpatient Care Acute Medical/Surgical Long-Term Acute Care Acute Rehab Skilled Nursing Facility Observation NICU Labor & Delivery* <i>*Precert. only required for post-delivery stays in excess of 48 hours[vaginal]; 96 hours [cesarean]</i> | Behavioral Health Inpatient Residential Treatment/CBAT/IBAT Partial Hospitalization Program (PHP) Intensive Outpatient Program (IOP) Applied Behavioral Analysis (ABA) |
| Surgery/Procedures Inpatient Outpatient Dental anesthesia in a Facility Setting Total Joint Replacement Surgery Non-Emergent Spinal Surgery Gender Reaffirmation Surgery Experimental/Investigational Procedure | Other Services Infertility services* Sleep Study (If conducted within the home precertification is not required.) Outpatient Physical/Occupational/Speech Therapy Non-Emergent Air Ambulance Services Dialysis (first treatment only) Formula, Enteral/Parenteral nutrition* | Medication Buy and bill via the Medical benefit: Yes No Cost per dose is greater than \$2,000: Yes No |

**Precertification is not required for all outpatient procedures.
Visit hpiTPA.com for a list of requests that require precertification.**