## TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

Requesting Provider or Facility  Name: Dr. Peter Pan, MD  Name: Stooj Blake, RN  NPI#: 8055363454  Specialty: Dermatology  NPI#: 9552297387  Specialty: Nuclear Medi Phone: +17231133388  Fax: +12162165793  Phone: +16821223401  Primary Care Provider Name (see Instructions):  Avery and Sons  Requesting Provider's Signature and Date (if required):	SECTION I — SUBMISSION							Clear Fo	rm	Print	
Review Type: Non-Urgent		Pi									
Review Type:  Non-Urgent  Urgent  Clinical Reason for Urgency:  JbpPpSTVO2InbBnSpOothzOPY Request Type:  Initial Request  Extension/Renewal/Amendment  Prev. Auth. #:  0-18-951895-2  ECCTION III — PATIENT INFORMATION Name:  Phone:	•	113330411003 113			720020331 07/00/200.						
Request Type:	Control of the Contro			I same vari		0.000			were en au	200	
Ruth Lee					and the second s			The same of the sa			
Name: Ruth Lee    Phone:	Request Type: Initial Requ	tenewal/Am	ndment Prev. Auth. #:			0-18-951895-2					
Ruth Lee	SECTION III — PATIENT INFO	RMATION				_					
Subscriber Name (if different):					04654	100000000000000000000000000000000000000			=		
SECTION IV — PROVIDER INFORMATION  Requesting Provider or Facility  Name: Dr. Peter Pan, MD  NPI #: 8055363454  Specialty: Dermatology  NPI #: 9552297387  Specialty: Nuclear Medi Phone: +17231133388  Fax: +12162165793  Phone: +16821223401  Primary Care Provider Name (see instructions):  Avery and Sons  Requesting Provider's Signature and Date (if required): 10/31/2020  Phone: +16026353456  Fax: +14488108847  SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)  Planned Service or Procedure  Code Start Date End Date Diagnosis Description (ICD version)  Radiation treatment delivery - 77402  06/06/2012  03/21/2013  Abnormal findings in specimens from  "Repair of blepharoptosis; frontal - 67901  07/29/2015  04/18/2016  Drugs, medicaments and biological s - Y GI nuclear procedure - 78299  01/05/2013  01/31/2013  Sickle-cell anaemia without crisis - D57.  Inpatient Occupational Therapy Specialty: Nuclear Medi Provider Office Observation Home	No. of the Control of			101/2017/101					□Ur	iknown	
Requesting Provider or Facility  Name: Dr. Peter Pan, MD  NPI #: 8055363454  Specialty: Dermatology  NPI #: 9552297387  Specialty: Nuclear Medi  Phone: +17231133388  Fax: +12162165793  Phone: +16821223401  Primary Care Provider Name (see instructions):  Avery and Sons  Requesting Provider's Signature and Date (if required):  10/31/2020  Phone: +16026353456  Requesting Provider's Signature and Date (if required):  10/31/2020  Phone: +16026353456  Phone: +16488108847  SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD COME)  Planned Service or Procedure  Code Start Date End Date Diagnosis Description (ICD version of pallbladder - C23)  Rediation treatment delivery - 77402  06/06/2012  03/21/2013  Abnormal findings in specimens from - F (Provider of Provider of Provider Office of Day Surgery Other: iKobloeBJOus of Physical Therapy Occupational Therapy Speech Therapy Cardiac Rehab Mental Health/Substance A (Nursing Assessment Attached? Seed Nursing Assessment Attached?									)-()		
Requesting Provider or Facility Name: Dr. Peter Pan, MD  NPI #: 8055363454  Specialty: Dermatology NPI #: 9552297387  Specialty: Nuclear Medi Phone: +17231133388  Fax: +12162165793 Phone: +16821223401 Primary Care Provider Name (see instructions): Avery and Sons  Requesting Provider's Signature and Date (if required): 10/31/2020 Phone: +16026353456  Fax: +14488108847  SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD COME) Planned Service or Procedure Code Start Date End Date Diagnosis Description (ICD version)  Mri lumbar spine w/dye - 72149  Radiation treatment delivery - 77402  06/06/2012 03/21/2013 Abnormal findings in specimens from - Faxepair of blepharoptosis; frontal - 67901 07/29/2015 04/18/2016 Drugs, medicaments and biological s - Y GI nuclear procedure - 78299 01/05/2013 01/31/2013 Sickle-cell anaemia without crisis - D57.  Inpatient Outpatient Provider Office Observation Home Day Surgery Other: iKobloeBJOus Number of Sessions: 23 Duration: 120 mimites Frequency: 2 times a moother: KRKBIXjwnYdBea' Home Health (MD Signed Order Attached? Yes No) Number of Visits: Duration: Frequency: Other:  DME (MD Signed Order Attached? Yes No) Equipment/Supplies (include any HCPCS Codes): Durations PAGE, SECTION VI)	0 000000 0000 0000	000111710	7.50.00.00.00	**************************************				7. = N N N N N N N.			
Name: Dr. Peter Pan, MD  Name: Stooj Blake, RN  NPI#: 8055363454  Specialty: Dermatology  NPI#: 9552297387  Specialty: Nuclear Medi Phone: +17231133388  Fax: +12162165793  Phone: +16821223401  Fax: +113656814:  Contact Name: Dr. Amy Shaw, MD  Requesting Provider's Signature and Date (if required): 10/31/2020  Requesting Provider's Signature and Date (if required): 10/31/2020  Phone: +16026353456  Phone: +14488108847  SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD COME)  Planned Service or Procedure  Code Start Date End Date Diagnosis Description (ICD version )  Mri lumbar spine w/dye - 72149  01/28/2013  09/20/2013  Malignant neoplasm of gallbladder - C23  Radiation treatment delivery - 77402  06/06/2012  03/21/2013  Abnormal findings in specimens from - F  "Repair of blepharoptosis; frontal - 67901  07/29/2015  04/18/2016  Drugs, medicaments and biological s - Y  GI nuclear procedure - 78299  01/05/2013  01/31/2013  Sickle-cell anaemia without crisis - D57.  Inpatient Outpatient Provider Office Observation Home Day Surgery Other: KRKBIXjwnYdBea  Phone: +16821223401  Physical Therapy Occupational Therapy Speech Therapy Cardiac Rehab Mental Health/Substance A  Number of Visits: Duration: Frequency: 2 times a moother: KRKBIXjwnYdBea  Home Health (MD Signed Order Attached? Yes No) (Nursing Assessment Attached? Yes No)  Number of Visits: Duration: Frequency: Other:   DME (MD Signed Order Attached? Yes No) (Medicaid Only: Title 19 Certification Attached? Yes No)  Equipment/Supplies (include any HCPCS Codes): Duration: Duratio					T		Sanzica Prov	ider or Facili	hv		
NPI#: 8055363454						The state of the s					
Phone: +17231133388 Fax: +12162165793 Phone: +16821223401 Fax: +1136568142 Contact Name: Dr. Amy Shaw, MD Phone: - +15718332446 Phone:10/31/2020 Primary Care Provider Name (see instructions): - Avery and Sons  Requesting Provider's Signature and Date (if required):10/31/2020 Phone:16026353456 Fax: - +14488108847  SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD COMES)16026353456 Phone:16026353456 Fax: - +14488108847  SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD COMES)16026353456 Phone: - +16026353456 Phone: -				tology				Specialty: Nuclear Medicine			
Contact Name: Dr. Amy Shaw, MD  Requesting Provider's Signature and Date (if required): 10/31/2020  Phone: 10/31/2020  Phone: 10/31/2020  Phone: 16026353456  Phone: 16026353456  Fax: 144488108847  SECTION V — SERVICES REQUESTED (WITH CPT, CDT, or HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD COMES)  Planned Service or Procedure  Code Start Date End Date Diagnosis Description (ICD version)  Mri lumbar spine w/dye - 72149  01/28/2013  09/20/2013  Malignant neoplasm of gallbladder - C23  Radiation treatment delivery - 77402  06/06/2012  03/21/2013  Abnormal findings in specimens from Individed in the provider of Sessions: 23  Duration:  Diagnosis Description (ICD version)  Malignant neoplasm of gallbladder - C23  Abnormal findings in specimens from Individual provider of the provider of th							50 CO				
Requesting Provider's Signature and Date (if required):  10/31/2020  Phone: +16026353456  Fax: +14488108847  SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD COMES)  Planned Service or Procedure  Code Start Date End Date Diagnosis Description (ICD version)  Mri lumbar spine w/dye - 72149  01/28/2013 09/20/2013 Malignant neoplasm of gallbladder - C23  Radiation treatment delivery - 77402  06/06/2012 03/21/2013 Abnormal findings in specimens from - F  "Repair of blepharoptosis; frontal - 67901  07/29/2015 04/18/2016 Drugs, medicaments and biological s - Y  GI nuclear procedure - 78299  01/05/2013 01/31/2013 Sickle-cell anaemia without crisis - D57.  Inpatient Outpatient Provider Office Observation Home Day Surgery Other: iKobloeBJOus  Physical Therapy Occupational Therapy Speech Therapy Cardiac Rehab Mental Health/Substance of Number of Sessions: 23  Duration: 120 minites  Frequency: 2 times a moother: KRKBIXjwnYdBea  (Nursing Assessment Attached? Yes No) Number of Visits: Duration: Frequency: Other:  DME (MD Signed Order Attached? Yes No)  Equipment/Supplies (include any HCPCS Codes):  DMF (MD Signed Order Attached? Yes No)  Equipment/Supplies (include any HCPCS Codes):  Duration: Durati					11101101						
Total Composition   Frequency   Services   Section   Frequency   Section   Frequency   Section   Service   Section   Service   Section   Service	120										
Planned Service or Procedure  Code Start Date End Date Diagnosis Description (ICD version)  Mri lumbar spine w/dye - 72149  Radiation treatment delivery - 77402  Repair of blepharoptosis; frontal - 67901  GI nuclear procedure - 78299  Ol/05/2013  Ol/06/2012  Ol/06/2013  Ol/06/2						Phone:			Fax:		
Planned Service or Procedure  Code Start Date End Date Diagnosis Description (ICD version)  Mri lumbar spine w/dye - 72149  01/28/2013 09/20/2013 Malignant neoplasm of gallbladder - C23  Radiation treatment delivery - 77402  06/06/2012 03/21/2013 Abnormal findings in specimens from - I  "Repair of blepharoptosis; frontal - 67901  07/29/2015 04/18/2016 Drugs, medicaments and biological s - Y  GI nuclear procedure - 78299  01/05/2013 01/31/2013 Sickle-cell anaemia without crisis - D57.  □ Inpatient □ Outpatient □ Provider Office □ Observation □ Home □ Day Surgery ☑ Other: iKobloeBJQus  □ Physical Therapy □ Occupational Therapy ☑ Speech Therapy □ Cardiac Rehab □ Mental Health/Substance A  Number of Sessions: 23 □ Duration: 120 minites □ Frequency: 2 times a moother: KRKBIXjwnYdBea  □ Home Health (MD Signed Order Attached? □ Yes □ No) (Nursing Assessment Attached? □ Yes □ No)  Number of Visits: □ Duration: □ Frequency: □ Other: □  □ DME (MD Signed Order Attached? □ Yes □ No) (Medicaid Only: Title 19 Certification Attached? □ Yes □ No)  Equipment/Supplies (include any HCPCS Codes): □ Duration: □  SECTION VI ─ CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)						+16026353456			+14488108847		
Mri lumbar spine w/dye - 72149  Radiation treatment delivery - 77402  Repair of blepharoptosis; frontal - 67901  Of/06/2012  Of/06/2012  Of/06/2013  Abnormal findings in specimens from - I Or/29/2015  Of/06/2013  Of/06/2016  Or/06/2016  Or/06/201	SECTION V — SERVICES REQU	UESTED (W	лтн СРТ, С	CDT, or H	CPCS CODE	e) and S	UPPORTING	DIAGNOSES	(WITH ICI	O CODE	
Radiation treatment delivery - 77402  06/06/2012 03/21/2013 Abnormal findings in specimens from - F "Repair of blepharoptosis; frontal - 67901  07/29/2015 04/18/2016 Drugs, medicaments and biological s - Y  GI nuclear procedure - 78299  01/05/2013 01/31/2013 Sickle-cell anaemia without crisis - D57.  Inpatient Outpatient Provider Office Observation Home Day Surgery Other: iKobloeBJOux Physical Therapy Occupational Therapy Speech Therapy Cardiac Rehab Mental Health/Substance A  Number of Sessions: 23 Duration: 120 minites Frequency: 2 times a moother: KRKBIXjwnYdBea  Home Health (MD Signed Order Attached? Yes No) (Nursing Assessment Attached? Yes No) Number of Visits: Duration: Frequency: Other:  DME (MD Signed Order Attached? Yes No) (Medicaid Only: Title 19 Certification Attached? Yes No) Equipment/Supplies (include any HCPCS Codes): Duration:  SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)				Start Dat	e End Dat	te Dia	gnosis Description (ICD version) Cod			Code	
"Repair of blepharoptosis; frontal - 67901 07/29/2015 04/18/2016 Drugs, medicaments and biological s - Y  GI nuclear procedure - 78299 01/05/2013 01/31/2013 Sickle-cell anaemia without crisis - D57.  □ Inpatient □ Outpatient □ Provider Office □ Observation □ Home □ Day Surgery ☑ Other: iKobloeBJOuy □ Physical Therapy □ Occupational Therapy ☑ Speech Therapy □ Cardiac Rehab □ Mental Health/Substance A  Number of Sessions: 23 □ Duration: 120 minites □ Frequency: 2 times a moother: KRKBIXjwnYdBea' □ Home Health (MD Signed Order Attached? □ Yes □ No) (Nursing Assessment Attached? □ Yes □ No)  Number of Visits: □ Duration: □ Frequency: □ Other: □ DME (MD Signed Order Attached? □ Yes □ No) (Medicaid Only: Title 19 Certification Attached? □ Yes □ No  Equipment/Supplies (include any HCPCS Codes): □ Duration: □ Duration	Mri lumbar spine w/dye - 72149			01/28/201	3 09/20/20	2013 Malignant neoplasm of gallbladder - C23			23		
GI nuclear procedure - 78299  O1/05/2013 01/31/2013 Sickle-cell anaemia without crisis - D57.  Inpatient Outpatient Provider Office Observation Home Day Surgery Other: iKobIoeBJOus Physical Therapy Occupational Therapy Speech Therapy Cardiac Rehab Mental Health/Substance A Number of Sessions: 23 Duration: 120 minites Frequency: 2 times a moother: KRKBIXjwnYdBea Home Health (MD Signed Order Attached? Yes No) (Nursing Assessment Attached? Yes No) Number of Visits: Duration: Frequency: Other:  DME (MD Signed Order Attached? Yes No) (Medicaid Only: Title 19 Certification Attached? Yes No) Equipment/Supplies (include any HCPCS Codes): Duration:  SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)	A CONTRACTOR AND ADMINISTRATION OF THE CONTRACTO			06/06/201	2 03/21/20	13 Ab	3 Abnormal findings in specimens from -			- R86.	
Inpatient       Outpatient       Provider Office       Observation       Home       Day Surgery       ✓ Other: iKobIoeBJQuy         Physical Therapy       Occupational Therapy       ✓ Speech Therapy       Cardiac Rehab       Mental Health/Substance And Mental Health/Substan	The state of the s			07/29/201	5 04/18/20	16 Drugs, medicaments and biological s - Y			- Y40-Y		
Inpatient       Outpatient       Provider Office       Observation       Home       Day Surgery       ✓ Other: iKobIoeBJQuy         Physical Therapy       Occupational Therapy       ✓ Speech Therapy       Cardiac Rehab       Mental Health/Substance And Mental Health/Substan				01/05/201	3 01/31/20	01/31/2013 Sickle-cell anaemia without crisis			crisis - D	57.1	
Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance A Number of Sessions: 23 ☐ Duration: 120 minites ☐ Frequency: 2 times a moother: KRKBIXjwnYdBea ☐ Home Health (MD Signed Order Attached? ☐ Yes ☐ No) ☐ (Nursing Assessment Attached? ☐ Yes ☐ No) ☐ Number of Visits: ☐ Duration: ☐ Frequency: ☐ Other: ☐ DME (MD Signed Order Attached? ☐ Yes ☐ No) ☐ (Medicaid Only: Title 19 Certification Attached? ☐ Yes ☐ No ☐ Requipment/Supplies (include any HCPCS Codes): ☐ Duration: ☐ Durat		Observati									
Number of Sessions: 23			_	_							
Home Health (MD Signed Order Attached? Yes No) (Nursing Assessment Attached? Yes No)  Number of Visits: Duration: Frequency: Other:  DME (MD Signed Order Attached? Yes No) (Medicaid Only: Title 19 Certification Attached? Yes No)  Equipment/Supplies (include any HCPCS Codes): Duration:  SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)		1000000-1 11-0000	100-120-100	AND THE RESERVE OF THE PARTY OF			Charles on the Control of the Contro				
Number of Visits: Duration: Frequency: Other:  DME (MD Signed Order Attached?				The Real Property lies and the Personal Property lies and the					_		
□ DME (MD Signed Order Attached?       □ Yes       □ No)       (Medicaid Only: Title 19 Certification Attached?       □ Yes       □ No         Equipment/Supplies (include any HCPCS Codes):       □ Duration:       □ Duration:       □ No         SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)       □ Yes       □ No				- 200 A	- D	72		3775	78.50		
Equipment/Supplies (include any HCPCS Codes): Duration:  SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)		_								_	
SECTION VI — CLINICAL DOCUMENTATION (SEE INSTRUCTIONS PAGE, SECTION VI)											
IMEdIJVK szk CWiGK nWohfIEK oazhShSell rhaR A HwRmHdEvTfDamzNvVkhNZEhtiEllzuvOlaneswPVPTEIMG	SECTION VI — CLINICAL DO	CUMENTA	TION (SEE I	INSTRUCTIO	INS PAGE, S	ECTION	VI)	ur kons	Section Control		
YEpkyiNnQPcmCnKKwgEXaxVcBvgAhZZKwonETDRbWbcqzhzhAXBRWLgUkISughhjxXpiouVgtdkePaLGORkiBbwyirWuIEikpzQJnTKBGC	YEpkyiNnQPcmCnKKwgE	XaxVcBv									

NOFR001 | 0415