Medical Prior Authorization Form

Patient Information	
Name:	Date of Birth:
Andrew Walker	03/12/1998
Insurance ID:	Group Number:
OSC663527	83646
Policyholder's Name (if different):	
Provider Information	
Healthcare Provider's Name:	National Provider Identifier:
UCSF	663283465
Address: 1600 Owens St 1st floor, San Francisco, CA 94158	
Phone Number:	Fax Number:
415-476-1000	415-476-1100
Authorization Request Details	
Date of Request:	Procedure / Service Requested:
10/09/2024	MRI Lumbar
CPT Code:	Diagnosis Code:
65855	H40.1110
Requested Start Date:	Anticipated Duration of Treatment:
10/09/2024	1 hour
Clinical Justification	
Patient has been diagnosed with primary open-angle glaucoma. Latanoprost and Brimonidine helped but measurements are still abnormal.	
Prescribing Physician's Information (if applicable)	
Physician's Name:	National Provider Identifier:
Michael Arcino M.D.	728635482
DEA Number (if applicable):	Phone Number:
	+1 628 888 3827

Patient Consent	
I, the undersigned, understand that the requested procedure or service is subject to prior authorization by my insurance provider. I authorize the release of any necessary medical information for the purpose of obtaining this authorization.	
Hassan Tahir	10/9/2024
Patient's Signature	**Date**
Provider's Certification	
I certify that the information provided is accurate and complete to the best of my knowledge. I understand that providing false information may result in denial of the authorization request.	
Michael Arcino	10/09/2024
Provider's Signature	**Date**
Please attach any supporting documentation such as medical records, test results, or physician notes for clinical justification.	

Relevant Medical History

Exported from EPIC Systems 10/09/2024

***Date**: 08/12/2024*
***Type:** Note*

- ***Patient Complaint**:*
  The patient reported progressive visual loss in the right eye over the past 13 months. No associated headache or pain was noted. No history of recent eye exams in the past 10 years.
- ***Examination**:*
  - ***Visual Acuity**:*
    - *Right Eye: 6/24*
    - *Left Eye: 6/6*
  - ***IOP**:*
    - *Right Eye: 45 mmHg*
    - *Left Eye: 40 mmHg*
  - ***Pupillary Reaction**:*
    - *Right Eye: Relative afferent pupillary defect (RAPD)*
  - ***Dilated Fundoscopy**:*
    Early signs of glaucomatous optic nerve damage in the right eye.
- ***Diagnosis**:*
  Suspected primary open-angle glaucoma.
- ***Plan**:*
  Immediate topical anti-glaucoma medication prescribed:
  - ***Latanoprost (0.005%)** - one drop in both eyes at bedtime*
  - ***Brinzolamide (1%)** - one drop twice daily in both eyes*
- ***Next Visit**: Follow-up in 1 month.*

***Date**: 08/12/2024*
***Type:** Medication*

- ***Medication Issued**:*
  - ***Latanoprost 0.005% eye drops***
    - *Dosage: One drop in both eyes at bedtime*
    - *Dispensed: 1 bottle (4-week supply)*
  - ***Brinzolamide 1% eye drops***
    - *Dosage: One drop twice daily in both eyes*
    - *Dispensed: 1 bottle (4-week supply)*
- ***Instructions**:*
  Use both medications regularly, as prescribed. Return for reassessment of intraocular pressure in one month.

***Date**: 09/14/2024*
***Type:** Note*

- ***Patient Complaint**:*
  Reported slight improvement in vision but still experiencing intermittent blurriness in the right eye.
- ***Examination**:*
  - ***Visual Acuity**:*
    - *Right Eye: 6/18*
    - *Left Eye: 6/6*
  - ***IOP**:*
    - *Right Eye: 35 mmHg*
    - *Left Eye: 30 mmHg*
  - ***Fundoscopy**:*
    Further evidence of glaucomatous optic nerve damage.
- ***Assessment**:*
  Partial improvement in IOP, but insufficient reduction to halt disease progression.
- ***Plan**:*
  Continue latanoprost and brinzolamide. Add a third medication:
  - ***Timolol 0.5%** eye drops – one drop twice daily in both eyes.*
- ***Next Visit**: Follow-up in 1 month.*

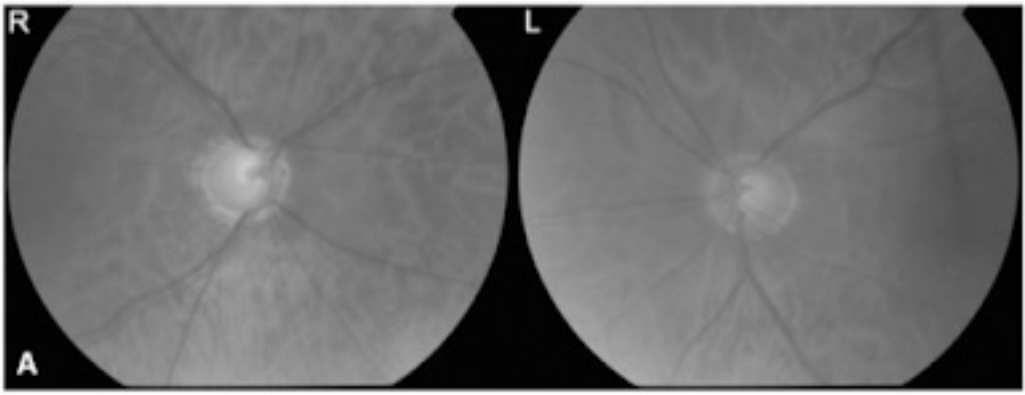
***Date**: 09/14/2024*
***Type:** Medication*

- ***Medication Issued**:*
  - ***Latanoprost 0.005% eye drops***
    - *Dosage: One drop in both eyes at bedtime*
    - *Dispensed: 1 bottle (4-week supply)*
  - ***Brinzolamide 1% eye drops***
    - *Dosage: One drop twice daily in both eyes*
    - *Dispensed: 1 bottle (4-week supply)*
  - ***Timolol 0.5% eye drops***
    - *Dosage: One drop twice daily in both eyes*
    - *Dispensed: 1 bottle (4-week supply)*

***Date**: 10/09/2024*
***Type:** Note*

- ***Patient Complaint**:*
  Continuing blurriness in the right eye, but no pain or new symptoms.
- ***Examination**:*
  - ***Visual Acuity**:*
    - *Right Eye: 6/24*
    - *Left Eye: 6/6*

    - ***IOP****:*
        - *Right Eye: 32 mmHg*
        - *Left Eye: 28 mmHg*
    - ***Optic Nerve Examination****:*
      Significant optic nerve thinning in the right eye.
- ***Assessment****:*
  Medication therapy has reduced IOP, but not sufficiently. The right eye shows advancing optic nerve damage despite treatment.
- ***Plan****:*
  Proceed with further evaluation for surgical intervention. Mitomycin C-augmented trabeculectomy scheduled for the right eye.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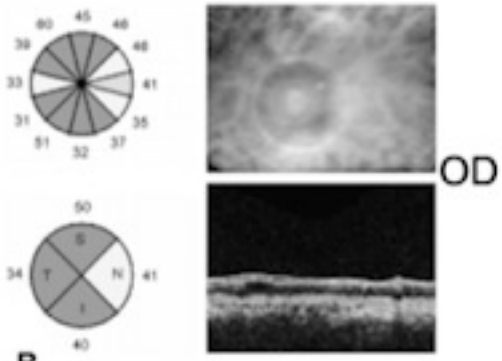
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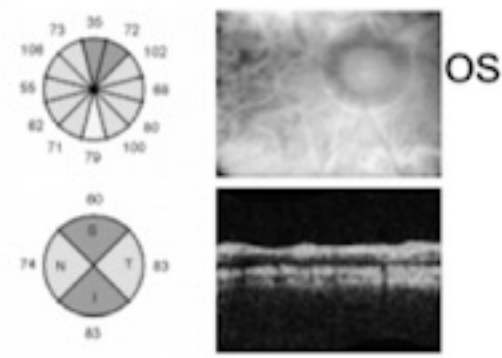
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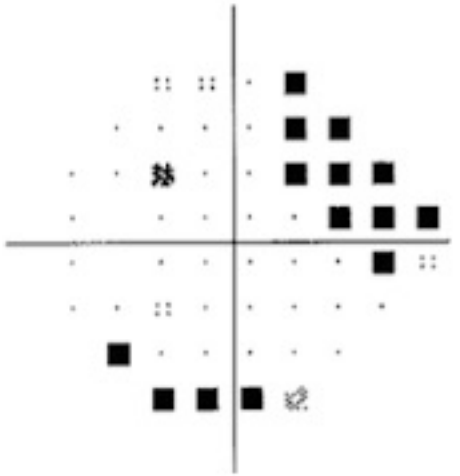

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