

## Prior Authorization Request Submission Checklist

### Service Specific Coversheet

- ☐ Complete and accurate
  - Note all fields marked required
  - Missing or invalid elements may cause case rejection
  - Provider, physician, and beneficiary information provided aligns with CMS systems
    - NGS will attempt outreach for any discrepancies
- ☐ Coversheet was not modified to include codes not listed.
- ☐ Codes requested include the primary code, if applicable. (Vein Ablation, Cervical Fusion, Facet Joint Interventions, Panniculectomy).

### Documentation

- ☐ Medical records to support the requested procedure.
- ☐ Submission only contains documentation for one beneficiary.
  - Each beneficiary must have their own case
- ☐ Submission is only for one date of service.

### General

- ☐ If applicable, the fax was sent to the correct [fax number](#).
- ☐ The request was sent to the correct MAC and jurisdiction.
- ☐ The beneficiary has Fee-For-Service Medicare, primary or secondary.

### Expedites

- ☐ Reason for expediting is provided.
- ☐ The expedite request is justified with medical records supporting a delay could seriously jeopardize the beneficiary's life, health, or ability to regain maximum function.

### Resubmissions

- ☐ Contains all INITIAL and ADDITIONAL documentation.
- ☐ Contains a coversheet.
- ☐ If applicable, the fax was sent to the correct [fax number](#).