

CareWeb Qi Auto Authorization Tool Form

First page of CareWeb Qi Auto Authorization Tool

1. Provider requesting is entered as CVS

1 . Who is the provider requesting pre-authorization?

* Provider:

Name:

Address:

2. Pre-authorization Outpatient/Procedure

2 . What is the Request Type?

* Request Type:

3. Patient's Number

3 . Who is the patient requiring the pre-authorization?

* Patient:

Date Of Birth: Eligibility:

Benefit Plan:

Name:

Address:

4. Patient's Diagnosis

4 . What is the patient's diagnosis?

Code	Code Type	Description	
* <input type="text"/>	ICD-10 Diagnosis ▼	<input type="text"/>	<input type="button" value="Add"/>
Primary	Code	Type	Description
			DocumentableAction

5. Procedure Code **90378**

5 . What procedure(s) are requested in this Authorization?

Code	Code Type	Description	
* <input type="text"/>	CPT/HCPCS ▼	<input type="text"/>	<input type="button" value="Add"/>
Primary	Code	Type	Description
			DocumentableAction

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Internal Reference:

BCP Provider – Synagis (Rev. 11/10/17)

Covering you. Covering your kids.

6. Requesting provider's clinic (You must use your clinic not CVS here)

6 . At which facility does the service need to be performed?

* Facility:	<input type="text"/>	Name:	<input type="text"/>
* Date of Service:	<input type="text"/>	Address:	<input type="text"/>
* Requested Level of Care:	--Select--		

Date of service Start Date

Requested Level of Care (Outpatient)

7. Attending Provider is written as provider filling out the form

7 . Who is the attending provider for the service?

* Provider:	<input type="text"/>	Name:	<input type="text"/>
		Address:	<input type="text"/>

8. Any additional notes that you may have

- a. Please include that the pharmacy is billing for the medicine
- 9a. Contact Name – UM Name (who do we contact for more information)
- 9b. Contact – UM Phone Number
- 9c. Contact – UM Fax Number

Second page

- 1. Date of Service
- 2. Requested number of units

Third Page

- 1. Complete clinical Documentation (orange button on right ¾ ways down the page) If you do not complete this you will not be able to submit the authorization.
- 2. Attach Clinical pertinent to need for Synagis
- 3. Click the Submit button