

Prior Authorization (PA) Checklist

Prior Authorization (PA) is a routine process used by insurers to confirm that certain services are used correctly and only when medically necessary. For more detail, review the PA guidelines on the insurer's website or contact the insurer's customer service for process information including forms and contacts. Requirements differ between insurers, so be sure to verify what your patient's insurer requires prior to submitting your PA.

The checklist below highlights items and any information that may be needed to obtain a PA decision from an insurer. The checklist is neither medical guidance nor a suggestion that you submit an appeal.

Patient Information

Name
Address
Date of birth
Insurance policy number
Social Security number

Healthcare Provider Information

Name
Tax ID number
Address
Phone/Fax number
NPI number
Provider ID number

Insurance Information

Note: Utilize the proper cover sheet for your insurer and MAC region. On the cover sheet, you may be required to request a copy of the decision letter – check your local MAC to verify. Information to include:

Name of insurer
Phone number
Name of policyholder
Plan ID number
Group number
Plan address

Patient Clinical Diagnosis

Summary of diagnosis (including ICD-10-CM code)
Date of diagnosis
Rationale for scalp cooling treatment (summary statement of medical need and reason(s) for the treatment being requested)
Treatment start date
Prior therapies
Summary of patient's history (recent symptoms/condition, and physician opinion of patient prognosis or disease progression*)

*Exercise medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition

The information provided on this checklist is general in nature and is not intended to be conclusive or exhaustive. As the patient's healthcare provider, you are responsible for applying your clinical judgment regarding appropriate care and treatment of each patient.

Accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Paxman and its agents make no guarantee regarding reimbursement for scalp cooling.

NOTE: Retain a copy of all submissions for your personal records.

The information contained in this checklist is provided by Paxman for informational purposes for patients who have been prescribed scalp cooling. There is no requirement that any patient or healthcare provider use Paxman scalp cooling in exchange for this information, and this checklist is not meant to substitute for a prescriber's independent medical decision-making.