

Completion of this form does not guarantee payment of claims. Incomplete forms will not be processed

SECTION 1

TODAY'S DATE: ___ / ___ / ___ ADMIT/PROCEDURE DATE: ___ / ___ / ___ # VISITS/DAYS REQUESTED _____
PERSON COMPLETING FORM: _____ PHONE # _____ FAX # _____

SECTION 2 – MEMBER/PATIENT INFORMATION

NAME: _____ DOB: _____
ID# _____

SECTION 3 – REQUESTING PROVIDER

NAME: _____ PROVIDER#: _____

SECTION 4 – PLACE OF SERVICE

NAME: _____ PROVIDER#: _____
DIAGNOSIS: _____ ICD - CODES: _____
PROCEDURE _____ CPT CODES: _____

SECTION 5 – SERVICES REQUESTED

Inpatient Services

- Inpatient Hospitalization
- Rehab
- SNF

Outpatient Services *see list on back of form

- Diag X-ray * _____
- Diag Proc * _____
- Cardiac Cath
- OP Surgery
- ASC
- Pain Clinic
- Sleep Lab
- Cardiac Rehab
- Pulmonary rehab
- Other _____

Home Health Services

- PT
- OT
- ST
- Skilled Nursing
- IV Therapy

Home Medical Equipment (over \$250.00)

- HCPCS Code _____
- Item Name _____
- Prosthetics _____
- Orthotics _____

SECTION 6 – CLINICAL INFORMATION

SECTION 7 - INSTRUCTIONS

1. Fax to 1-866-896-1941. Faxed _____
2. For questions or additional information, please call 1-800-574-8556 (Option 1, then 2, then 1).

For FCCI Use Only Precertification # _____

Precertification List – FirstCarolinaCare Insurance Company, Inc.

Call 800-574-8556 (Option 1, then 2, then 1) for precertification or fax your request to 866-896-1941.

Inpatient admissions (except maternity and emergency admissions)
Skilled nursing facility admissions
Inpatient rehabilitation admissions
Outpatient surgery
Surgery of the jaw, face or head
Reconstructive surgery
Gastric surgery
Anesthesia and facility services related to dental services
Covered clinical trials
Injectable drugs received in an outpatient setting
Physical therapy
Occupational therapy
Speech therapy
Chiropractic care
Cardiac rehabilitation (outpatient)
Pain clinic
Cardiac catheterization
MRI/MRA
CT scans
Colonoscopy
Upper endoscopies
Endoscopic retrograde cholangiopancreatography (ERCP)
PET scans
Spect scans
Muga scans
Myelogram
Sleep studies
Allergy testing
Invasive radiologic services
Durable medical equipment with purchase price \$250.00 or greater
Durable medical equipment rentals
Orthotics and prosthetics with purchase price greater than \$250.00
Home health services
Behavioral Health services all places of service (includes mental/nervous disorders and chemical dependency).

Note: This list may be amended from time to time.