HPI's Precertification Form

Important: Before you proceed, check the precertification requirements, benefits, eligibility and UM Vendor.
If precertification is not required, this request will not be processed.
Please complete all information below. Incomplete submissions may be returned unprocessed.

HPI precertification fax number: 1-508-756-1382

Patient/Member Information

Patient Name: | *HPI Member ID:* | *Date of Birth:*

Mailing Address: | *City:* | *ST:* | *ZIP:* | *Phone:*

Provider Information

Select One: ○ *Referring Provider* ○ *Treating Provider*

Provider Name/Address: | *Tax ID:* | *Phone:* | *Fax:*

Servicing Facility Name/Address: | *Tax ID:* | *Phone:* | *Fax:*

NPI Number: | *Contact Person:* | *Phone:* | *Fax:*

Diagnosis/Planned Procedure

Procedure/Service Description: | *Diagnosis Description:*

CPT/HCPCS Codes: | *ICD-10 Codes:*

Service Start Date: | *Surgery Date (if applicable):* | *Service End Date:*

Service Type (check all that apply and submit supporting clinical documentation)

*****Additional Form Required*

Oncology
- ☐ Radiation, IMRT or other
- ☐ Clinical Trial
- ☐ Infusion or Oncology Drugs*

**See additional form for list of support drugs that do not require precertification*

Diagnostic Imaging (MRI, CT Scan, PET Scan)
**ONLY required for members belonging to the Boston Medical Center (BMC – B87), Signature Healthcare (SHG) and The Kraft Group D2403*
- ☐ Scheduled
- ☐ Urgent/Emergent*

Home Health/Hospice
Home Health *(please indicate):*
- ☐ SN ☐ OT ☐ HHA ☐ PT ☐ ST ☐ MSW
- ☐ Hospice
- ☐ Home Infusion Therapy

Durable Medical Equipment
- ☐ Purchase over $1,000
- ☐ Rental supplies for more than 3 months
- ☐ Rental supplies for less than 3 months

Please Supply Cost per Line Item:

- ☐ CPAP Convert to Purchase after 3 Month Rental
- ☐ BiPAP Convert to Purchase after 3 Month Rental

Inpatient Care
- ☐ Acute Medical/Surgical
- ☐ Long-Term Acute Care
- ☐ Acute Rehab
- ☐ Skilled Nursing Facility
- ☐ Observation
- ☐ NICU
- ☐ Labor & Delivery*

**Precert. only required for post-delivery stays in excess of 48 hours[vaginal]; 96 hours [cesarean]*

Behavioral Health
- ☐ Inpatient
- ☐ Residential Treatment/CBAT/IBAT
- ☐ Partial Hospitalization Program (PHP)
- ☐ Intensive Outpatient Program (IOP)
- ☐ Applied Behavioral Analysis (ABA)

Medication
Buy and bill via the Medical benefit: ○ Yes ○ No
Cost per dose is greater than $2,000: ○ Yes ○ No

Surgery/Procedures
○ Inpatient ○ Outpatient
- ☐ Dental anesthesia in a Facility Setting
- ☐ Total Joint Replacement Surgery
- ☐ Non-Emergent Spinal Surgery
- ☐ Gender Reaffirmation Surgery
- ☐ Experimental/Investigational Procedure

Other Services
- ☐ Infertility services*
- ☐ Outpatient Physical/Occupational/Speech Therapy
- ☐ Non-Emergent Air Ambulance Services
- ☐ Dialysis *(first treatment only)*
- ☐ Formula, Enteral/Parenteral nutrition*
- ☐

Visit hpiTPA.com for a list of requests that require precertification.