



**Utilization Management Out-of-Plan
Referral Review Request Form**
 FAX to (716) 887-7913
 Phone: 1-800-677-3086

To facilitate your request, this form **must** be completed in its entirety. Out of network referrals must be submitted prior to services being rendered.

Patient Information

| | |
|---------------------------------|--|
| Patient name | |
| Patient date of birth | |
| Patient ID # with prefix | |
| Patient diagnosis code | |
| Comorbidities | |

Requesting In-Plan Provider Information

| | |
|-----------------------------------|--|
| Provider name | |
| Provider specialty | |
| Provider address | |
| Provider ID # /NPI/ Tax ID | |
| Provider phone number | |
| Designated contact | |

Out-of-Plan Provider Information

| | |
|--|--|
| Provider name | |
| Provider specialty | |
| Provider address | |
| Provider ID # /NPI/ Tax ID | |
| Provider phone number | |
| Co-surgeon name | |
| Co-surgeon address | |
| Co-surgeon provider ID# / NPI / Tax ID | |
| Co-surgeon phone number | |
| Assistant surgeon name | |
| Assistant surgeon address | |
| Assistant surgeon provider ID# / NPI / Tax ID | |
| Assistant surgeon phone number | |
| Facility name | |
| Facility address | |

Services

| | | |
|---|-----|----|
| Is this out-of-network referral for a surgery or procedure? | Yes | No |
| If yes, what are the CPT codes? | | |
| Is this out-of-network referral for pre/post-transplant services? | Yes | No |
| Has the patient seen an in-plan specialist? | Yes | No |

Required Documentation

- ✓ Clinical documentation that supports the need for services; include office notes
- ✓ Clinical documentation that supports the need for services to be performed out-of-network
- ✓ Consultation report from an **in-plan specialist** who evaluated the patient for the requested service
- ✓ For requests for additional visits on an approved out-of-network referral, send **current** office notes