

Authorization does not guarantee payment, which is affected by other factors, such as eligibility, benefit limitations, exclusions and other coverage issues.

Unison Health Plan
Prior Authorization Fact Sheet
Utilization Management Phone #: 1-800-366-7304
Unison Advantage Phone #: 1-877-333-3457

****Fax completed form to the Utilization Management Department****
A Unison representative will call with an authorization decision within 2 business days

| | |
|--|---------------------|
| <input type="checkbox"/> Unison of PA (incl. adult Basic & Kids) | Fax #: 412-457-1351 |
| <input type="checkbox"/> Unison of DE | Fax #: 877-877-8230 |
| <input type="checkbox"/> Unison of OH | Fax #: 866-839-6454 |
| <input type="checkbox"/> Unison of SC | Fax #: 866-841-9336 |
| <input type="checkbox"/> Unison of the Capital Area | Fax #: 877-881-8826 |
| <input type="checkbox"/> Unison Advantage | Fax #: 866-839-4066 |

Member Information

Member Name _____ Member ID # _____ DOB _____

COB/Type _____ Member's PCP _____

Provider Information

Requesting Provider Name _____ Provider ID # _____

Phone # _____

Requested Place of Service _____ Provider ID # _____

Previous Authorization (if applicable) _____

Contact for authorization questions _____

Requested Service Information (i.e. Therapy, Homecare, Chiropractic, Pain Management, CT, MRI, Outpatient Surgery, etc...)

Date of Service _____ Service being requested _____ # of Visits _____

ICD-9 Code(s) _____ / _____ / _____

CPT Code(s) _____ / _____ / _____

Name of Medication _____ NDC/J-Code _____ Dosage _____

of Doses _____ Duration _____

Supporting clinical and treatment plan related to above request

Symptoms _____

Past medical history _____

Diagnostic testing or conservative treatment prior to request _____

Please note you may attach any other applicable clinical information. A current MD order should accompany all Homecare and Therapy requests. All decisions are based on medical necessity.