



801 Gateway Boulevard, Suite 100
 South San Francisco, CA 94080
 tel 650.616.0050
 fax 650.616.0060
 tty 800.735.2929 or dial 7-1-1
 www.hpsm.org

August 16, 2023

Urgent Prior Authorization Requests

Dear provider,

We recently noticed a rising number of providers marking “urgent” for routine requests on the prior authorization request form.

Requests that are urgent are based on the need of the member. “Urgent” should only be used when our turnaround time can/may cause serious harm to a member's life and health (our turnaround time for all non-urgent prior authorization requests is five days). Most requests should be marked as “routine.”

Prior Authorization Request Form

HealthPlan OF SAN MATEO

Fax completed form to 650-829-2079. Please type into PDF form and fill out all fields. Mark ✓ or X

Today's Date: MM-DD-YYYY

Is member currently in the hospital? YES NO IF YES, FAX Facesheet to 650-829-2060

Member Last Name: First Name, M.I.:
 Street Address: City, State, ZIP:
 Phone: Member ID#: DOB: Age:

Servicing Provider Name: NPI:
 Street Address: City, State, ZIP:
 Phone: Fax: Office Contact:

Additional Provider (if needed): NPI:

Primary Diagnosis Code: Description:
 Secondary Diagnosis Code: Description:
 Tertiary Diagnosis Code: Description:

Line No.	Procedure Code (CPT/HCPCS Code/Modifier if applicable)	Specific Services Requested	Units of Service (Days/Quantity)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Optional comments for medical justification. Requesting Provider please attach required medical records/supporting documents.

INPATIENT ONLY – LTC Required Information (Mark ✓ or X):
 Transfer Initial Reauthorization Bed Hold Skilled Nursing CF-DD Sub-Acute

Requested Service Dates FROM: MM-DD-YYYY TO: MM-DD-YYYY

To the best of my knowledge, the above information is true, accurate and complete, and the requested services are medically indicated and necessary to the health of the patient.

Signature of Physician or Provider Title Date MM-DD-YYYY

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 - TEL 650-616-0050 - TTY 1-800-735-2929
 For authorization questions contact HPSM Health Services. PH 650-616-2079 - Fax 650-829-2079 - For Facesheets fax to 650-829-2060
 NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE ID CARD IS CURRENT BEFORE RENDERING SERVICE.
 Version 3.2 September 2020

PRINT FORM

Find our prior authorization request form and additional resources here:

www.hpsm.org/provider/authorizations

Questions? Please email HPSM Provider Services at PSInquiries@hpsm.org.

Thank you for your continued commitment to our community,

HPSM Provider Services