

3421 Concord Road  
York, PA 17402  
Phone: (717) 851-6800 or (800) 842-1768  
Fax: (717) 755-7190  
www.WellSpanPopHealth.com



Population Health Services

**FACSIMILE TRANSMISSION**

**DATE:** \_\_\_\_\_

**TO:** WellSpan Population Health Services

Local Phone Number - 851-6800  
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**Company:** \_\_\_\_\_

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**MESSAGE:** The following facsimile consists of 2 pages including this cover page.

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**F A C S I M I L E   T R A N S M I S S I O N**

**NOTIFICATION/CERTIFICATION OF SERVICES  
UTILIZATION MANAGEMENT DEPARTMENT**

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***Please Precertify ONLY Services Required by the Group's Benefit Language, which could include but is not limited to:***

- ◆ Elective Admissions
- ◆ Home Health Care
- ◆ Hospice Services
- ◆ Inpatient Rehabilitation Services
- ◆ Referral To A Nonparticipating Physician or Facility
- ◆ Home Medical Equipment
- ◆ Elective Outpatient Surgery\*\*\*
- ◆ Procedures NOT on the CMS Approved List but scheduled in an ASC because of extenuating medical circumstances should be reviewed by SCP Medical Management

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**PLEASE PROVIDE THE FOLLOWING INFORMATION (*Blanks not completed will delay process*):**

1. Patient's Name \_\_\_\_\_
2. Member's Name \_\_\_\_\_
3. Member's Identification Number \_\_\_\_\_
4. Employer Name \_\_\_\_\_
5. Requesting Physician's Name \_\_\_\_\_
6. Hospital or Surgicenter\*\*\* \_\_\_\_\_
7. Planned Admission/Surgery Date \_\_\_\_\_
8. Admission Diagnosis \_\_\_\_\_ ICD-10 Code \_\_\_\_\_
9. Procedure \_\_\_\_\_ CPT-4 Code \_\_\_\_\_
10. Anticipated length of stay, if Inpatient \_\_\_\_\_
11. Please include any pertinent information regarding this case: **(Must be completed)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*IMPORTANT: Procedures performed in the Ambulatory Setting MUST be on the CMS Approved Listing of Procedures that may safely be performed in the Ambulatory Setting – No Payment shall be made to any Providers if the Procedure performed is NOT on the CMS APPROVED LIST. Members MUST be HELD HARMLESS.**