

Medical Necessity Form – Out-of-Network

TO: UPMC Health Plan
Clinical Operations Department
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219
Phone: 412-454-7527 or
1-800-425-7800
Fax: 412-454-2057

Out-of-network provider requests must be approved by the Health Plan Clinical Operations Department prior to obtaining services. The referring physician must complete and sign all sections of this form.

Patient last name: _____ Patient first name: _____
Date of birth: _____ Insurance ID #: _____
Address: _____
Phone number: _____ Other insurance: _____
Referring in-network physician: _____ Office contact: _____
Address: _____
Office phone: _____ Fax: _____

Referring in-network physician signature required: _____

Out-of-network provider: _____ Office contact: _____
Address: _____
Office phone: _____ Office fax: _____
Out-of-network provider NPI: _____ Out-of-network provider tax ID: _____
Out-of-network Medicare ID (if applicable): _____

Specialty: _____
Office phone: _____ Fax: _____

Service/procedure requested: _____

Symptoms/diagnosis (use most appropriate ICD-10 codes): _____

Service/procedure codes (use most appropriate CDT, CPT®, or HCPCS codes): _____

Is the requested service/procedure available in-network? Yes No

Office/follow-up visit Inpatient Outpatient procedure Behavioral health Consult

Consult and treatment Transition of care/continuity of care

Number of visits: _____ Duration of services: ____/____/____ to ____/____/____

Reason for out-of-network request: _____

Attach any additional documentation such as progress notes, labs, or consultation reports for review. Please note: An approved request does not authorization does not guarantee payment. Payment of services is subject to member eligibility and benefit plan on the date of service.