PSW a population health company

MultiCare Connected Care™

2026 Prior Authorization Request Form

Requests from contracted provider to contracted provider: Referrals not required to be sent to PSW. Refer to Prior Auth list to determine if requested services requires prior authorization. https://pswipa.com/provider-resources

Requests to non-contracted provider: All services require prior auth. Submit documentation for reason services are requested out of network.

Post-service/retrospective reviews will **not** be accepted, please submit claims if services have been completed to **Payer ID: RP036**

MEMBER DETAILS

Member ID

Member Name

DOB (MM/DD/YYYY)

Member Phone

REQUESTING/ORDERING PROVIDER DETAILS

Ordering Provider Name

NPI

Provider/Office Phone

Provider Office/Fax *Determination letter will be sent to this fax number.

Provider/Office Contact

Contact Phone

REQUESTED DETAILS (PROVIDE DOCUMENTATION W/ REQUEST TO SUPPORT MEDICAL NECESSITY)

Requesting Provider Name

NPI

Provider Phone

Provider Fax *Determination letter will be sent to this fax number.

FACILITY LOCATION FOR SERVICES

Facility Name

Facility NPI

Facility Fax

Place of Service/Request Type:

Office

Start Date

End Date *Request will be valid 180 days unless specified.

Diagnosis Codes (ICD-10)				

HCPCS CPT Code	Description	Quantity

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PART B REQUESTS ONLY NOTE: ALL REVIEWS WILL BE PROCESSED WITH GENERIC EQUIVALENTS FOR BRAND DRUGS WHENEVER POSSIBLE.

Part B HCPCS Code	Drug Name	Dosage per Treatment	Requested # of Treatment