



Palliative Care Prior Authorization Request

If you believe that your patient may be appropriate for palliative care/pre-hospice care, please complete the form below. Authorizations are based on medical necessity and are contingent upon member eligibility.

Please complete all fields in the form below. Be sure to attach a clinical summary and/or supporting documentation (ex. clinic notes, hospital discharge summary, etc.) providing justification for palliative care services. Please fax the completed form to the Alliance Authorization Department at **855.891.7174**.

For questions, please call the Alliance Utilization Management Department at **510.747.4540**.

Note: Handwritten or incomplete forms may be delayed. Forms submitted without supporting clinical information may also be delayed.

REQUESTING PROVIDER INFORMATION			
Name:			
Address:	City:	State:	Zip:
Phone Number:	Fax:		
Email:			
Office Contact Name:			
MEMBER INFORMATION			
First Name:	Last Name:		
Date of Birth: ____ / ____ / ____	Member ID #:		
Address:	City:	State:	Zip:
Phone Number:			

General Eligibility Questions (please only check one):

- Patient has documentation of decline in health status and is not eligible for hospice
- Patient is eligible for hospice but declines

Member's Qualifying Condition (please check all that apply, must meet at least one (1) to be eligible):

- Advanced Heart Failure ([NYHA class 3 OR EF <30%] + at least one (1) hospitalization in past six (6) months)
- Advanced COPD ([severely depressed FEV1 on PFT's OR 24-hour oxygen dependence] + at least one (1) hospitalization in past six (6) months)
- Advanced Liver Disease ([serum albumin <3, INR>1.3, ascites and one (1) or more complications including SBP, hepatic encephalopathy, hepatorenal syndrome, or esophageal varices or MELD score >19] + at least one (1) hospitalization in past six (6) months)
- Advanced Cancer (stage 3 or 4 solid organ cancer or lymphoma or leukemia + KPS score ≤ 70)

Desired Location of Services (please only check one):

- Home
- Clinic