



Laborers Funds Administrative Office of Northern California, Inc.

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588 | Telephone: 707-864-2800 or 800-244-4530

PRE-AUTHORIZATION GUIDELINES

The contents of this pre-authorization sheet are not to be construed or accepted as a substitute for the provisions of the Fund's Rules and Regulations. Services not listed on this form do not need pre-authorization but are subject to review for medical necessity. Please use the confirmation number from the IVR system as your reference number.

Services which require authorization from Anthem Blue Cross. 1-800-274-7767:

- Elective non-emergency inpatient admission must be authorized prior to admission.
- Emergency/urgent inpatient admission must be authorized within 24 hours of admission.
- Inpatient admission related to childbirth for a member or spouse must be authorized if the stay for a normal delivery exceeds 48 hours or 96 hours for a C-section.
- All planned services for Bariatric Surgery/Gastric Bypass must be pre-authorized prior to admission. Also, an approved Center of Excellence must be used.
- Home health care (including home infusion therapy).
- Hospice
- Inpatient and partial admissions for Substance Abuse and Mental Health Services

Services which require authorization from American Imaging Management (AIM). 1-877-291-0360:

- MRI/MRA Scans
- Nuclear Cardiology Studies
- PET Scans
- Echocardiography (Not required for EKG)
- CT/CTA Scan

Services which require authorization by the Plan and require documentation mailed to the Trust Fund Office (Laborers Trust Funds, ATTN: Health & Welfare Department, 5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588): **Documentation should include: Diagnosis codes, requested Procedure codes and requested frequency and duration.*

- Genetic Testing for cancer treatment (Not required for BRCA1 and BRCA2)
- Outpatient injections in excess of \$5,000 for continued treatment of a medical condition (does not include chemotherapy and radiation treatment)
- Physical and Occupational Therapy in excess of 30 visits per condition
- Purchase or rental of durable medical equipment with a purchase price in excess of \$700, please also include Physician's prescription.

AUTHORIZATION REQUEST FORM

SECTION I – RETURN REQUEST

Address: Laborers Fund Administrative Office 5672 Stoneridge Drive, Suite 100 Pleasanton, CA 94588
Email: customerservice@lfao.org

SECTION II – PROVIDER INFORMATION

Requesting Provider or Facility	
Name:	
NPI:	Specialty:
Phone:	Fax:
Contact Name:	Phone:

SECTION III – PATIENT INFORMATION

Name:	Phone:	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Subscriber Name (if different):		Member ID #:	

SECTION IV – SERVICES REQUEST (CPT CODES) AND SUPPORTING DIAGNOSES (ICD CODES)

Start Date:	End Date:	Planned Service or Procedure:	Diagnosis Code:

☐ Inpatient ☐ Outpatient ☐ Provider Office ☐ Home ☐ Other: _____

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Mental Health/Substance Abuse

Number of Sessions: _____ Duration: _____ Frequency: _____ Other: _____

☐ DME (MD Signed Order Attached? ☐ Yes ☐ No)
Equipment/Supplies (include any HCPCS codes): _____ Duration: _____

☐ Home Health (MD Signed Order Attached? ☐ Yes ☐ No) (Nursing Assessment Attached? ☐ Yes ☐ No)

Number of Sessions: _____ Duration: _____ Frequency: _____ Other: _____

SECTION V – GENERAL INFORMATION

Review Type:	<input type="checkbox"/> Non-Urgent	<input type="checkbox"/> Urgent
Request Type:	<input type="checkbox"/> Initial Request	<input type="checkbox"/> Extension/Renewal