AUTHORIZATION REQUEST FORM

SECTION I – RETURN REQUEST

Address: Laborers Fu	unds Adminis	strative Of	fice, 5672 Ston	eridge Drive, Suite 100 Pl	easanton, CA 94588	
Email: customerserv	ice@lfao.org	3				
SECTION II – PROVIDE	R INFORMA	TION				
			Requesting Pro	ovider or Facility		
Provider/Facility Na	me:					
NPI:				Specialty:		
Phone:				Fax:		
Contact Name:				Contact Phone:		
Mailing Address:						
SECTION III – PATIENT	TINFORMAT	ION				
Name: Phone:		one:		DOB:	Sex: Male Female	
Subscriber Name (if different):				Member ID #:	☐ Other	
	-					
SECTION IV – SERVICE	S REQUEST (CPT CODES	S) AND SUPPOI	RTING DIAGNOSES (ICD C	ODES)	
Start Date: End Date		te: Planned Serv		ice or Procedure Code:	Diagnosis Code:	
☐Inpatient ☐ 0	Dutpatient	Provide	er Office	Iome Other:		
☐ Mental Health/	Substance Al	ouse				
Number of Sessions: Duration:				Frequency:	Other:	
□ DME (MD Signed Order Attached? □ Yes □ No) Equipment/Supplies (include any HCPCS codes):					Duration:	
SECTION V – GENERA	L INFORMAT	ION				
Review Type:	Non-Urge	ent	Urgent			
Request Type:) Initial Re	quest	Extension	n/Renewal		

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
- 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