



PAR: #

Prior Authorization Approval for Medical Services

SECTION 1: FACILITY/PROVIDER INFORMATION

Facility/Provider Information

Contact:	
Physician Name:	
Practice /Hospital Name:	
Practice /Hospital Address:	
Practice /Hospital Phone Number:	
Practice /Hospital Fax Number:	
Practice /Hospital Email:	
Place of Service Contact:	
Place of Service Name:	
Address for Place of Service:	
Place of Service Phone Number:	
Place of Service Fax Number:	
Place of Service Email:	

If you use encrypted email send information to Pre-Authorization Email: preauth@mynovahealthcare.org

Otherwise please fax to 805-375-6090

SECTION 2: NOVAHEALTHCARE CONTACT INFORMATION

NOVA HEALTHCARE INFORMATION

Health economics, pre-authorization and reimbursement information provided by NOVA Pathfinder Limited a Healthcare Company is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute medical, reimbursement or legal advice. NOVA Pathfinder Limited a Healthcare Company encourages providers to submit accurate and appropriate request for services, and to submit accurate and appropriate request of payment of claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are to be Preauthorized and/or services to be rendered. NOVA Pathfinder Limited a Healthcare Company recommends that you consult with any additional providers that will provide service to document additional, preapprovals or reimbursements agreements. If there is a need to consult other reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. NOVA Pathfinder Limited a Healthcare Company uses nThrive to determine the most appropriate reimbursement. The Provider and facility will hold harmless NOVA Pathfinder Limited a Healthcare Company against any claims outside of this request. Information included herein is current as of 12/1/2019 and is subject to change without notice.

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Pre-Authorization Email:	preauth@mynovahealthcare.org
Company Name:	NOVA Pathfinder Limited a Healthcare Company
Address:	5739 KANAN ROAD Suite #335 AGOURA, CA 91301
From:	NOVA Pathfinder Limited a Healthcare Company Preauthorization Department
Approval Date:	
Pre-Authorization Phone # and Extension:	801-948-9938 Ext 108
Toll Free Phone:	1-888-266-4462
Fax:	1-805-375-6090
Website:	https://mynovahealthcare.org
Claims Email:	claims@mynovahealthcare.org

SECTION 3: PATIENT INFORMATION

Patient Information	
Member Full Name:	
Plan Member Address:	
NOVA Member ID:	
DOB:	
Phone Number:	
Email:	

NOTE TO PHYSICIAN: You are responsible for providing true, accurate and complete information concerning the applicable diagnosis and procedure codes and the patient's medical record and ensuring the medical necessity of the procedure. ** The provider is responsible for verifying payer policy as to the appropriate code used for describing each type of implantable pulse generator. Please validate that the codes to be approved & billed for all services professional and facility services are correctly reflected.

Pursuant to medical request for our member listed above NOVA Pathfinder Limited a Healthcare Company hereby approves request for:

SECTION 4: CPT/HCPCS INFORMATION

CPT/HCPCS CODES	DESCRIPTION	UNITS	COST	MEDICAL NECESSITY
	PHYSICIAN			
	PROCEDURE			
	FACILITY			
	ANESTHIA			
	MISC			

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ALL CPT CODES RELATING TO THIS PROCEDURE MUST BE PROVIDED OR CHARGES WILL NOT BE CONSIDERED

SECTION 6: DIAGNOSIS CODES INFORMATION			
ICD-10 CODES	DESCRIPTION	CPT/HCPCS Or PX or DRG	ASSOCIATED TO CPT OR DRG /PROCEDURE CODES

DRG AND PX CODES

SECTION 7 (a): PRICE IS INCLUDED IN DRG			
PROCEDURE CODES	DESCRIPTION	POINTER TO DIAGNOSIS CODES	UNITS

SECTION 7 (b): PRICE IS INCLUDED IN DRG			
DRG CODE	DESCRIPTION	UNITS	TOTAL ALLOWED

ALL MEDICAL RECORDS, H&P, LABS, DIAGNOSTIC MUST BE RECEIVED FOR PRE-AUTHORIZATION TO BE CONSIDERED

SECTION 8: TOTAL ALLOWED AMOUNT FOR ALL SERVICES		
Total Approved for Allowed Amount:	\$ <input type="text"/>	Provider agrees to not balance bill member.

The Provider and facility will hold harmless NOVA Pathfinder Limited a Healthcare Company against any claims outside of this request.

Want to be a network Provider? Our process is easy...

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Do you want to Explore being an In-Network Provider?	YES	<input type="checkbox"/>	No	<input type="checkbox"/>
Contact Name	<input type="text"/>			
Authorized Contact to be Approved Contact for In-Network Agreement?	YES	<input type="checkbox"/>	No	<input type="checkbox"/>
Contact Phone Number:	<input type="text"/>			
Contact Email:	<input type="text"/>			
Contact Fax Number:	<input type="text"/>			

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