



Rocky Mountain Human Services
9900 Iliff Ave. Denver CO 80231

Prior Authorization Request

Please complete this form in its entirety and send in a HIPAA secure format to Eligibility@Rmhumanservices.org prior to rendering services.

Patient Name:

DOB:

Member ID:

ICD-10 Diagnosis: (No Descriptions)

Place of Service:

Provider Name:

Service Requested:

Start Date	End Date	CPT Code	Modifiers	Units Per Visit	Frequency (Weekly, Monthly, Etc.)	Total # of Units

Modifiers:

Speech Therapy	GN
Occupational Therapy	GO
Physical Therapy	GP
Early Intervention Add-On	TL
Telehealth Add-On	GT
Habilitative Add-On (RMHS Internal CC Providers Only)	96
Rehabilitative Add-On (RMHS Internal CC Providers Only)	97

Notes/Comments (If Applicable):

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