

Quality Health Associates of North Dakota
PREAUTHORIZATION CHECKLIST

The information in these areas is required to complete a preauthorization. The absence of this information will delay the preauthorization review process and require QHA to return the request to the clinic/provider to obtain further information.

- ___ Patient information (Medicaid ID number, name, address, birth date)
- ___ Dates of Service (admission/procedure dates)
- ___ Contact person (name, phone number)
- ___ Procedure to be performed (complete narrative and procedure code(s))
- ___ Physician name, NPI, and UPIN #
- ___ Provider name and number (facility where procedure is being performed)
- ___ Criteria (attached)
- ___ Support documentation, which must consist of, but is not limited to, medical history, previous treatment, present treatment, and/or pictures as indicated