

**HCPSC J-Code, Unspecified/ Unclassified
Authorization Request
Fax # 1-800-215-4901**

All Prior Authorization requests for Unspecified/ Unclassified J-Codes (J3490, J3590, J7999, J8499, J8999, and J9999) must be faxed on this form. Fax with supporting documentation including prescription with the case file number on all pages. All fields are required and must be complete. Incomplete requests cannot be processed and will be returned.

Date Requested _____ Requested by _____ Phone _____

Case file # _____ Claimant's Name _____
 Claimant Date of Birth _____ Date of injury _____
 Provider Name _____
 Conduent Provider Number _____ Provider Tax ID _____
 Prescribing Provider Name _____ Prescriber NPI _____
 Are you in the process of enrolling? Yes No

NOTE: Up to five unspecified/ unclassified J-codes may be entered. (An additional form can be completed if extra space is required.)

	Date of Service		HCPSC J-Code		Unit/Days Requested
	From Date	To Date	J-Code	National Drug Code	Units or Days
1:					
2:					
3:					
4:					
5:					

Treatment Plan Information:

- Specific body part to be treated _____
- Right___ Left_____ Bilateral___
- ICD-9 Diagnosis Code(s)(Apply if date of services Prior to 09/30/2015)_____
- ICD-10 Diagnosis Code(s) (Apply if date of services After to 10/01/2015) _____
- Comments: _____