



## Prior Authorization (PA) Supplemental Form

Sunflower Health Plan has created a Prior Authorization Supplemental page to be used when an authorization request involves more than four procedure codes. You will find general information about this form below, and the form has been attached for your review.

**What is a PA Supplemental Page?** An optional page meant to be used in conjunction with the plan's Prior Authorization Request form when a request exceeds more than four procedure codes. This page should never be submitted alone.

**When to use the Supplemental Page?** When requesting more than four procedure codes.

**Are you required to include the PA Supplemental Page when submitting all requests?**

No, it is an optional page. If your request doesn't exceed four procedure codes, this page is not necessary or required.

**Where can I find a PA Supplemental Page?** The supplemental form is located on the plan site under [Provider Resources](#).

# Outpatient Authorization Supplemental Form

This page is optional and meant to be used when an authorization request exceeds more than four procedure codes. When applicable, please submit this form with Outpatient Prior Authorization Form to the applicable fax number.

\* INDICATES REQUIRED FIELD \_\_\_\_\_

## MEMBER INFORMATION

\* Medicaid/Member ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name, First

--	--	--	--	--	--	--	--	--	--	--	--	--	--

\*Date of Birth (MMDDYYYY)

--	--	--	--	--	--	--	--	--	--	--

## AUTHORIZATION REQUEST

\*Additional Procedure Code

--	--	--	--	--	--

\*Start Date OR Admission Date

--	--	--	--	--	--	--	--	--	--

\*End Date

--	--	--	--	--	--	--	--	--	--

Total Units/Visits/Days

--	--	--	--	--	--

Additional Procedure Code

--	--	--	--	--	--

Start Date OR Admission Date

--	--	--	--	--	--	--	--	--	--

End Date

--	--	--	--	--	--	--	--	--	--

Total Units/Visits/Days

--	--	--	--	--	--

Additional Procedure Code

--	--	--	--	--	--

Start Date OR Admission Date

--	--	--	--	--	--	--	--	--	--

End Date

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Total Units/Visits/Days

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Additional Procedure Code

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Start Date OR Admission Date

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End Date

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Total Units/Visits/Days

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Additional Procedure Code

--	--	--	--	--	--

Start Date OR Admission Date

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End Date

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Total Units/Visits/Days

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Additional Procedure Code

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Start Date OR Admission Date

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End Date

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Total Units/Visits/Days

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Additional Procedure Code

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Start Date OR Admission Date

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End Date

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Total Units/Visits/Days

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Additional Procedure Code

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Start Date OR Admission Date

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End Date

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Total Units/Visits/Days

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Additional Procedure Code

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Start Date OR Admission Date

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End Date

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Total Units/Visits/Days

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Additional Procedure Code

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Start Date OR Admission Date

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End Date

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Total Units/Visits/Days

--	--	--	--	--	--

Additional Diagnoses Codes:

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