

WASHINGTON STATE Wasteful and Inappropriate Service Reduction (Wiser) Model Prior Authorization Request (Noridian Jurisdiction F)

This **request document** and **medical record documentation** is required and may be submitted via **fax, mail** or **electronic portal**. To save time, web portal submission and electronic document upload will allow you to track the status of your request and receive a quicker response. All fields are **REQUIRED** unless otherwise noted. Incomplete or illegible handwritten requests will be non-affirmed.

Electronic Portal:

wiser.portal.virtixhealth.com

Fax: (972) 823-9415

Mail: 6509 Windcrest Drive, Suite 165
Plano, TX 75024

Part:	UTN: _____
Request Type:	Only required for Resubmissions. Enter the UTN of the most recent submission
Place of Service:	Primary Diagnosis Code: _____
	Date of Service: _____
Requested CPT/HCPCS (max of 4):	
_____	_____
_____	_____

Place of service/facility information (HOPD/ASC) or group practice information (physician office/home setting)

Name: _____	Fax Number: _____
	Required if submitting by fax. Fax number must be the place of service
PTAN or CCN: _____	NPI: _____
Facility Address: _____	

Beneficiary Information (only one beneficiary per form)

Beneficiary Name: _____	Date of Birth: _____
Beneficiary Address: _____	Medicare ID: _____

Beneficiary Email Address (optional): _____	

Attending/rendering physician information:

Physician Name: _____	
NPI: _____	PTAN: _____
Fax Number: _____	
Physician Email Address (optional): _____	
Address: _____	

Requestor Information:

Requestor Name: _____	Date: _____
Requestor Email: _____	Phone #: _____
Fax Number: _____	

***Expedited requests** must include supporting documentation that delay in performing the procedure could seriously jeopardize the WISer beneficiary's life, health, or ability to regain maximum function.

Disclaimer: The documents accompanying this form are intended only for the use of the individual or entity to which it is addressed. It contains information that is privileged, confidential, and exempt from disclosure under law. If the recipient of this document is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you are not the intended recipient, you are hereby notified that by law you are strictly prohibited to disclose, distribute, or take any action in reliance on the contents of this document. If you have received this fax in error please call 833-943-2209