



**State of Oklahoma - Oklahoma Health Care
Authority High-Risk OB Treatment Plan/
Prior Authorization Request**

SoonerCare Member Information

Last Name		First		MI		9-digit ID	
Birth Date (yyyy/mm/dd)		Home Phone		Estimated Delivery Date (yyyy/mm/dd)			
Qualifying High-Risk Diagnosis Code(s) – 7 digits NO decimal							
Estimated Service Date Span (yyyy/mm/dd)				From:		To:	

Provider Information (SoonerCare Provider ID#)

Referred by:

Primary OB Name		Provider #	NPI#
Office Phone		Office Fax	ZIP + 4
MFM Name		Provider #	NPI#
Office Phone		Office Fax	ZIP + 4

Treatment Plan - See 317:30-5-22.1 for policy

May request up to 3 units (combined) for 76815 + 76816 + 76817 for each fetus

(Modifiers 26 & TC selected together count as 1 unit; circle/check 59 mod for twins, 59 & 76 mods for triplets)

✓	Code	Single/ FetusA	FetusB	FetusC	Description - *See CPT-4 or HCPCS II for complete descriptions	# Planned
	76815				*US, Ob, real time w image documentation, ltd., 1 or more fetuses (GLOBAL Service)	
	76815	26			*US, Ob, real time w image documentation, ltd., 1 or more fetuses (Professional ONLY)	
	76815	TC			*US, Ob, real time w image documentation, ltd., 1 or more fetuses (Technical ONLY)	
	76816		59	76	*US, Ob, follow up, transabdominal, per fetus (GLOBAL Service)	
	76816	26	59	76	*US, Ob, follow up, transabdominal, per fetus (Professional ONLY)	
	76816	TC	59	76	*US, Ob, follow up, transabdominal, per fetus (Technical ONLY)	
	76817				*US, Ob, real time w image documentation, transvaginal (GLOBAL Service)	
	76817	26			*US, Ob, real time w image documentation, transvaginal (Professional Service)	
	76817	TC			*US, Ob, real time w image documentation, transvaginal (Technical Service)	
	H1001				Prenatal care, at-risk enhanced service; antepartum management	

May request up to 5 units (combined) for 59025 + 76818 + 76819 for each fetus

(Modifiers 26 & TC selected together count as 1 unit; circle/check 59 mod for twins, 59 & 76 mods for triplets)

	59025		59	76	Fetal non-stress test (GLOBAL Service)	
	59025	26	59	76	Fetal non-stress test (Professional Service)	
	59025	TC	59	76	Fetal non-stress test (Technical Service)	
	76818		59	76	Fetal biophysical profile; with non-stress testing (GLOBAL Service)	
	76818	26	59	76	Fetal biophysical profile; with non-stress testing (Professional Service)	
	76818	TC	59	76	Fetal biophysical profile; with non-stress testing (Technical Service)	
	76819		59	76	Fetal biophysical profile; without non-stress testing (GLOBAL Service)	
	76819	26	59	76	Fetal biophysical profile; without non-stress testing (Professional Service)	
	76819	TC	59	76	Fetal biophysical profile; without non-stress testing (Technical Service)	

Required Attachments: HCA-13A (PA Fax Coversheet) AND ultrasound report, ACOG or Comparable Comprehensive Assessment by MFM

Primary OB (if not MFM)	Date	
MFM Provider	Date	

Please fax this completed form, along with the Required Attachments noted above, to (405) 702-9080 or 866-574-4991