



State Fiscal Year Limit Verification Form Optum Alaska

Send via secure email to: sa_and_clinicalrecords@optum.com

Provider Information: NPI or TIN: _____ Provider Name: _____ Date: _____

Contact Person: _____ Fax: _____ Phone: _____

1. Please provide the following information for each participant: Medicaid ID, date of birth and the services codes you are inquiring about.
2. Optum will respond with the participants current remaining units.
3. If utilization is 80% or greater, it is recommended providers submit a Service Authorization Request.

Note: The State Fiscal Year (SFY) limits are based on:

- Processed claims for received services and the current number is an estimate.
- Remaining units are participant specific and reflective of the participant's entire market usage.
- A Service Authorization is required if a provider is requesting an extension of services beyond the SFY limit.

1) Participant ID: _____ D.O.B. _____ Participant Name: _____

FOR OPTUM USE ONLY

Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____

Fiscal Limits Remaining as of: _____

2) Participant ID: _____ D.O.B. _____ Participant Name: _____

FOR OPTUM USE ONLY

Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____

Fiscal Limits Remaining as of: _____

3) Participant ID: _____ D.O.B. _____ Participant Name: _____

FOR OPTUM USE ONLY

Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____

Fiscal Limits Remaining as of: _____

4) Participant ID: _____ D.O.B. _____ Participant Name: _____

FOR OPTUM USE ONLY

Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____
Service Code: _____	Remaining Units: _____	Over 80%: _____	SA needed? _____

Fiscal Limits Remaining as of: _____