

CARTA CIRCULAR #M2310142

16 de octubre de 2023

**A TODOS LOS PROVEEDORES PARTICIPANTES DE TRIPLE-S SALUD, INC.
(COMERCIAL) Y TRIPLE-S ADVANTAGE, INC.**

Re: Uso de Formulario para Solicitudes de Servicio USA

Estimado proveedor:

Reciba un saludo cordial de parte de Triple-S Salud, Inc. y Triple-S Advantage, Inc. Como parte de los procesos de Preautorización para la solicitud de un servicio en Estados Unidos se establece el uso del formulario adjunto. Este formulario estandarizado deberá ser utilizado por todos los proveedores participantes **a partir del 1 de diciembre, 2023.**

Le recordamos que, para facilitar el proceso de una autorización de servicio, su solicitud deberá recibirse completa. Toda orden médica que requiera de una preautorización de servicio fuera de Puerto Rico deberá estar acompañada del nuevo formulario completado en todas sus partes de manera legible y con la información relevante a la petición del servicio.

Agradecemos que tome conocimiento de lo aquí informado. Si desea obtener más información, puede comunicarse con nuestro Centro de Servicio al Proveedor, según la línea de negocio aplicable:

Triple-S Advantage, Inc.

1-855-886-7474

Lunes – Viernes 8:00 am-4:30 pm/ Sábados 8:00 am-2:00 pm

Triple-S Salud, Inc. (Comercial)

787-749-4700 o al 1-877-357-9777 (libre de cargos)

Lunes - Viernes 7:30 am-8:00 pm / Sábados 8:00 am-12:00 pm

Cordialmente,



Alberto C. Serrano, MD
Director Médico
División Manejo Médico



Madaí Rodríguez Díaz, RN, MPH
Directora Preautorizaciones
División Manejo de Utilización

PROVIDERS CALL CENTERS:

Vital: 1.844.263.6063

Commercial: 1.877.357.9777

ssspr.com • mitriples.com

Medicare Advantage: 1.855.886.7474

sssadvantage.com • mitriples.com

Triple-S Advantage, Inc. and Triple-S Salud, Inc. are independent licensees of BlueCross BlueShield Association.

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CIRCULAR LETTER #M2310142

October 16, 2023

**TO ALL PARTICIPATING PROVIDERS OF TRIPLE-S SALUD, INC. (COMMERCIAL)
AND TRIPLE-S ADVANTAGE, INC.**

Re: Use of Service Request Form for USA Preauthorization's

Dear provider:

Greetings from Triple-S Salud, Inc. and Triple-S Advantage, Inc. We will implement the attached form as part of the preauthorization process for requesting service in the United States. All participating providers must use this standardized form as of December 1, 2023.

Please be reminded that your request must be received in its entirety to facilitate the processing of a service authorization. All medical orders requiring a pre-authorization of service outside of Puerto Rico must be accompanied by the new form completed in all its parts in a legible manner and with the information relevant to the service request.

We appreciate that you take knowledge of what is informed here. If you wish to obtain more information, you may contact our Provider Service Center, according to the applicable line of business:

Triple-S Advantage, Inc.

1-855-886-7474

Monday to Friday 8:00 am-4:30 pm/ Saturday 8:00 am-2:00 pm

Triple-S Salud, Inc. (Comercial)

787-749-4700 o al 1-877-357-9777 (free)

Monday to Friday 8:00 am-8:00 pm / Saturday 8:00 am-12:00 pm

Cordially,



Alberto C. Serrano, MD
Medical Director
Medical Management Division



Madaí Rodríguez Díaz, RN, MPH
Preauthorization Director
Utilization Management Division

PROVIDERS CALL CENTERS:

Vital: 1.844.263.6063

Commercial: 1.877.357.9777

ssspr.com • mitriples.com

Medicare Advantage: 1.855.886.7474

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USA Preauthorization Request Form

Patient Details

Name:		Member ID: ZUA	Date of Birth:
Sex:	Email:		Phone:
Address:			Zip Code:

Personal Representative / Emergency Contact in USA

Name:	Relationship:	Phone:
Email:		Phone:

Referring Provider

Physician Name:		NPI:	Specialty:
Physician Signature:		License:	Date:
Office Days:		Office Hours:	
Business Phone:	Personal Phone:		Fax:
Business Email:		Personal Email:	

Servicing Consultant Provider in USA

Name:	Specialty:	NPI:
Phone:	Email:	Fax:
Address:		Zip Code:
Place of Service: <input type="checkbox"/> Medical Office <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Ambulatory surgical medical center <input type="checkbox"/> Extender care facility: [] Rehab [] SNF [] Other: specify:		
Facility Name:		NPI:
Phone:	Email:	Fax:
Address:		Zip Code:

PROVIDERS CALL CENTERS:

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 Commercial: 1.877.357.9777
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Diagnosis Code (s)

Diagnosis Code (ICD-10):

Primary Dx:

Secondaries Dx:

Referral and Justification: Services available in Puerto Rico: Yes No Unknown

Request services:

- Initial Consultation
- Follow Up Visit
- Diagnostics Test
- Specific Procedure
- Specific Treatment
- Other

Specify request services with CPT / HCPC / J / Rev code:

Written justification for services to be provided in USA:

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Brief Case Summary

Present Illness and Complication:

Past Medical & Surgical and / or Treatment Provided:

Current Medications and Treatment:

Please attach supporting clinical information.

List all physicians who need receipt final report.

*Services rendered in United States of America are subject to a preauthorization, therefore it is important to meet the requirements prior to receiving services out the area.

To find out the status of a preauthorization you may contact any of our Customer Service Centers. For Commercial line of business, if you are a member, you may contact 787-774-6060, if you are a Provider, you may contact 1-877-357-9777. For Advantage line of business, if you are a member, you may contact 1-888-620-1919, if you are a Provider, you may contact 1-855-886-7474.

PROVIDERS CALL CENTERS:

Vital: 1.844.263.6063

Commercial: 1.877.357.9777

ssspr.com • mitriples.com

Medicare Advantage: 1.855.886.7474

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