

**Prior authorization requests accepted from providers only.**

Member/Patient Name \_\_\_\_\_

## Checklist

- Untaped visual field testing** (*Goldmann technique or by use of a standardized automated technique only*) demonstrating points of visual loss of the superior field and interpretation of visual field results.
- Taped visual field testing** (*Goldmann technique or by use of a standardized automated technique only*) demonstrating improvement in the superior field and interpretation of visual field results.
- Original Color Photograph of the patient looking straight ahead** (head perpendicular to the camera, not tilted; see photo below) that shows the eyelid at or below the upper edge of the pupil and, if applicable, side views showing that upper eyelid skin rests on top of the eyelashes bending them inwards towards the eye. Photo must be of sufficient clarity to show a light reflex on the cornea. Photographs submitted must demonstrate visual field limitation consistent with the visual field examination results.



- Description and degree of functional impairment should be clearly documented.** Please specifically state how the impairment affects the patient's activities of daily living.

## Next Steps

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Complete this form and submit request online through InTouch at [PacificSource.com/aboutproviderintouch](https://www.pacificsource.com/aboutproviderintouch). You'll find the Preauthorization Request Form at: [PacificSource.com/provider/preauthorization.aspx](https://www.pacificsource.com/provider/preauthorization.aspx).

**Questions?** Please call us toll-free at (888) 691-8209 or (541) 684-5584.

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This is not an inclusive list. Additional information may be requested.