



IMPORTANT M E M O

DATE: JUNE 3, 2015
TO: ALL PROVIDERS
FROM: SANDRA WEDELL, RN, BSN, DIRECTOR OF UM & CLINICAL INFORMATICS
RE: PRIOR AUTHORIZATION SUBMISSIONS

The prior authorization process is audited by health plans to ensure regulatory compliance. Your assistance is requested regarding the guidelines below to ensure appropriate and timely processing, and in some cases, avoid denial decisions. Please share the following with your staff directly involved in the referral process:

- ▶ EXPEDITED (Urgent/Stat) requests must meet Medicare's definition as follows: *"The standard review timeframe may seriously jeopardize the life or health of the member, or the member's ability to regain maximum function."* For true STAT requests, conduct a Peer to Peer discussion by calling 480-499-8720, option 1, then option 2, then option 3.
NOTE: Do not submit expedited requests for routine medical appointments. Please maintain an effective tickler system for return appointments requiring prior authorization and **allow AZPC at least 14 calendar days from the date of receipt to process your request (CMS standard for routine).**
- ▶ Use the Prior Authorization Form located on the AZPC website http://www.azprioritycare.com/Provider/Frequently_used_forms Please send all pertinent clinical information with prior authorization requests, not the entire medical record. Submit the form current clinical notes (within 60 days) pertaining to the problem, medication list and any relevant studies/lab results.
- ▶ Prior authorization is required for follow up visits for established patients of specialty care providers. Please only request the required amount of follow up visits necessary within a 90 day period (current authorization timeframe). For example, do not request 6 follow up visits when the medical record reflects the patient is to return in 3 months. Only one visit is medically necessary at that point.
- ▶ Secondary to the recent establishment of the narrowed cardiology network, simply indicate the specialty type "Cardiology" on the prior authorization form, and we will make the appropriate assignment. Requests outside of the established cardiology network will be reviewed for continuity of care and possible safe transition to establish care with an assigned cardiology specialist.
- ▶ Request prior authorization only for specific procedure codes, not for a range of codes or codes that do not match the treatment area. Please do not request more codes than necessary. This causes questions, requires clarification, and ultimately delays processing your request.
- ▶ Please be aware that if you are not the member's assigned PCP, your request could possibly be denied.
- ▶ Calls for status check – These should be minimal if you've submitted your request at least 14 calendar days prior to a scheduled appointment. Offices with EzNet access should utilize that system for status look-up.