

## Therapy & Home Health Prior Authorization Standard Request Form

Request completed by:

Phone #:

Fax #:

Date of Request:

Total Number of Pages:

Authorization on File (Y/N):

If Yes, Date of Last Scheduled Visit:

**Important Note: Standard prior authorization requests are processed within 14 calendar days of receipt. For urgent prior authorization requests please call 1-800-624-3879 to ensure optimal processing time.**

### Member Information

Member Name:

Member ID #:

DOB:

Other Insurance: Yes  No  If yes please specify:

Phone #:

### Requesting Provider Information

Requesting Physician Name:

TIN/NPI #:

Address:

Phone #:

Fax #:

Who is the contact for clinical information:

Phone #:

### Servicing Provider/HHA Information

Servicing Provider/Agency Name: Address:

TIN/NPI #:

Diagnosis Code(s):

Phone #:

Fax #:

CPT Code(s):

\*Do not include number of units, list number of visits below

### Outpatient Therapy and Home Health

		Per week	How many weeks?	Total number of visits
PT	Number of visits			
OT	Number of visits			
ST	Number of visits			
SNV	Number of visits			
HHAid	Number of visits			

\*Do not include number of units, only number of visits

**For existing Out Patient Service requests please call 1-800-624-3879**

### Required Documentation

Valid Prescription

Physician Notes

**NOTE: Failure to provide completed documentations specific to the request will result in delayed processing times. Authorization does not guarantee payment. All authorizations are subject to member eligibility on the date of service. If member is determined ineligible, the member may be responsible for these services. To ensure proper payment for services rendered, referral provider/facility must verify eligibility on the date of service. You may verify eligibility through our Mercy Care Secure Web Portal located in the top central portion of our Mercy Care website at <https://www.mercycareaz.org/>.**