Mercy Care Plan | Mercy Care Advantage HMO SNP

Phone: 602- 263-3000 or 800-624-3879
Fax: 800-217-9345

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/Facility Information

Servicing Provider/Facility Name: TIN/NPI #:

Address: Phone #: Fax #:

Diagnosis Code(s): Medical Necessity Determination Date:

CPT Code(s):

New Out-Patient Service Request
Last Date of Visit Used

Out Patient Therapy **Home Health**

PT	EVAL	Number of follow-up visits:	Duration:
OT	EVAL	Number of follow up visits:	Duration:
ST	EVAL	Number of follow-up visits:	Duration:
SNV	EVAL	Number of follow-up visits:	Duration:
HHAid	EVAL	Number of follow-up visits:	Duration:

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

Required Documentation Valid Prescription Physician Notes

***IMPORTANT*: Failure to provide complete documentation 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. Verify benefit coverage in the benefit matrix located at http://www.mercycareplan.com/mcp/members/covered_benefits.aspx