



P I N A L • C O U N T Y
Wide open opportunity

PINAL/GILA LONG TERM CARE
 REQUEST FOR REFERRAL
**DENTAL SERVICES FOR
 MEMBERS OVER 21**
 PLEASE FAX ALL REQUESTS TO (520) 866-6717

Member Name: _____ ID# _____ DOB _____
 Medicare A B Other Insurance _____
 Name of Nursing Home/ALF: _____
 EPSDT eligible member? Yes No CRS eligible member? Yes No
 Service Provider Number: _____
 _____ (AHCCCS# of Provider referred to)
 Service Provider Name: _____
 _____ (Name of Provider referred to)
Service Requested: _____
 Date of Service: _____ Appointment Time: _____
 Diagnosis Code: _____
 Requested CPT Code: _____ Est. Cost: _____
URGENCY STATUS (see * for definitions of status):
 Standard (Based on members condition – Not to exceed 14 days)
 Expedited – Urgent (within 3 days)

Please answer the following questions:

1. Is member in severe pain? Yes No
2. Does member have an acute infection? Yes No If yes, describe location of pain/infection and if pain is intermittent or constant, and duration of pain. _____
3. What treatment for pain relief/infection has been used? _____
4. Has member had a traumatic injury to teeth, bone, or soft tissue? Yes No If yes, please describe extent of injury. _____
5. If requesting dentures, answer the following questions:
 Has member ever worn dentures? Yes No Successfully? Yes No
 If repair is being requested, is the repair essential to the serviceability of the appliance? Yes No
6. Does member have TMJ? Yes No
 Describe how member's health will be adversely affected by the absence of dentures: _____

 If partials are recommended, describe how they are essential for function? _____

Absence of teeth/dentures does not, per se, create a nutritional criterion for medical necessity. Adjustment of texture or use of supplements will generally meet nutritional needs.
The inability for proper mastication alone does not constitute justification for the provision of dentures.

PCP/PCP Designee Signature _____
PHONE: _____ **FAX:** _____
 PCP Remember: It is your responsibility to assure a copy of this consult/treatment is present in your office/facility medical records

Please attach the following: (Mandatory)

1. PCP order
2. Physician progress notes, which describe dental condition.
3. Documentation

***Standard Authorization Request:** A request for which P/GLTC provides a decision as expeditiously as the member's health condition requires, but not later than 14 calendar days following the receipt of the authorization request with a possible extension of up to 14 calendar days if the member or provider requests an extension of the P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.
***Expedited authorization Request:** A request for which P/GLTC provides a decision to the member as expeditiously as the enrollee's health condition requires, but not later than three working days following the receipt of the authorization request with a possible extension of

up to 14 days if the member or provider requests an extension or if P/GLTC establishes a need for additional information and delay is in the enrollee's best interest.