



PINAL COUNTY
Wide open opportunity

**PINAL/GILA LONG TERM CARE
REQUEST FOR REFERRAL
PODIATRY CARE
PLEASE FAX ALL REQUESTS TO (520) 866-6717**

MEMBER NAME: _____ MEMBER ID: _____

DOB: _____ OTHER INSURANCE: _____ MEDICARE A B

REQUESTED PROVIDER: _____ ID: _____ PHONE: _____ FAX: _____

EPSDT eligible member? Yes NO CRS Eligible member? Yes No

URGENCY STATUS (see * for definitions of status):

Standard (Based on members' condition – Not to exceed 14 days)

Expedited – Urgent (within 3 days)

Date of Service: _____ Appointment Time: _____

Services Requested:

Diagnosis Code	Requested CPT Code	CPT Code Description	Diagnosis Code	Requested CPT Code	CPT Code Description

Please indicate if Member has any of the following systemic conditions: (Check all that apply to Member)

- | | |
|---|---|
| <input type="checkbox"/> Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis) | <input type="checkbox"/> Malabsorption Syndrome |
| <input type="checkbox"/> Buerger's disease (thromboangiitis obliterans) | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Chronic thrombophlebitis | <input type="checkbox"/> Peripheral neuropathies involving the feet |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Pernicious Anemia |
| <input type="checkbox"/> Hereditary disorder, i.e., hereditary sensory radicular neuropathy, Fabry's disease | <input type="checkbox"/> Traumatic Injury |
| <input type="checkbox"/> Leprosy or Neurosyphilis | <input type="checkbox"/> Uremia (chronic renal disease) |
| | <input type="checkbox"/> Other |

Please answer the following questions:

1. Is there clinical evidence of mycosis of the toenail? Yes No N/A
 2. If member is ambulatory, do mycotic toenails interfere with ambulation? Yes No
 3. If member is non-ambulatory, does member have a condition that is likely to result in significant medial complications in the absence of treatment for mycotic toenails or other routine foot care? Yes No N/A
- If yes, Explain: _____

4. For Bunionectomy, please answer the following questions:

5. Is there overlying skin ulceration present? Yes No
6. Is there a neuroma secondary to bunion? Yes No

Please attach the following: (Mandatory)

1. Copy of the physician order (if referral not signed by PCP)
2. Most recent history and physical, Physician progress notes that document systemic condition.

PLEASE NOTE THE FOLLOWING:

ALL MEMBERS (EXCLUDING DIABETICS) RECEIVING PODIATRY SERVICES **WILL** REQUIRE PRIOR AUTHORIZATION UNLESS SERVICES ARE COVERED BY A THIRD PARTY PAYER (PRIMARY INSURANCE OTHER THAN MEDICARE).

Referring Provider Information:

Provider Name: _____ ID Number: _____ Contact: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Date: _____

PCP/PCP Designee Signature: _____

PCP Remember: It is your responsibility to assure a copy of this consult/treatment is present in your office/facility medical records.

***Standard Authorization Request:** This is a request that P/GLTC provides a decision as promptly as the member's health condition requires, but not later than 14 calendar days following the receipt of the authorization request. If P/GLTC determines that additional information is needed to process a request and it would be in the member's best interest to pursue this information, P/GLTC will send out a Notice of Extension Letter (NOE) to the member. This letter notifies the member that more time is needed to process the request and that P/GLTC will not take longer than an additional 14 days to reach a decision.

Expedited Authorization Request: A request that P/GLTC provide a decision to the member as promptly as the enrollee's health condition requires, but not later than three working days following the receipt of the authorization request. If P/GLTC determines that additional information is needed to process a request and it would be in the member's best interest to pursue this information, P/GLTC will send out a Notice of Extension Letter (NOE) to the member. This letter notifies the member that more time is needed to process the request and that P/GLTC will not take longer than an additional 14 days to come to a decision.

Referral authorization is not guarantee of payment.