



PINAL COUNTY  
Wide open opportunity

PINAL/GILA LONG TERM CARE  
**REQUEST FOR REFERRAL  
RADIOLOGY SERVICES**  
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:** \_\_\_\_\_  
**URGENCY STATUS for Radiology Services (see \* for definitions of status):**  
 Standard (Based on members condition – Not to exceed 14 days)  
 Expedited – Urgent (within 3 days)

**For MRIs the following questions must be completed:**

- Will a CT scan obtain the desired information? Yes  No   
 If so, a CT will be approved. If after the results of the CT an MRI is still required fax results of CT with referral for MRI and it will be re-reviewed. **Keynote: A prior CT scan is not required for C-Spine MRI requests.**
- What are the presenting clinical symptoms related to MRI request?  
 \_\_\_\_\_  
 \_\_\_\_\_
- What is the Dr expecting to find on the MRI?  
 \_\_\_\_\_  
 \_\_\_\_\_
- What type of treatment modality are you expecting to implement upon obtaining the results of the MRI?  
 \_\_\_\_\_  
 \_\_\_\_\_
- If applicable, has member seen a neurologist? Yes  No   
**If so, please attach documentation.**

Date(s) of Service: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_  
 Requested CPT Code: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

**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

**For requests over \$500.00 please attach documentation to support medical necessity (Mandatory)**

- PCP order (if referral form not signed by PCP)
- Most recent History and Physical
- Physical progress notes, which evaluate condition requiring radiology or laboratory service.

**\*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.