

Prior Authorization Requests – Quick Guide

AZ Blue (use these request options for most plans – see “Exceptions” rows below)	
<p>AZ Blue prior authorization requests (Unscheduled admissions require notification within 48 hours)</p>	<p>Online requests/status – Arizona standardized forms Use the online request tool at “azblue.com/providers > Practice Management > Prior Authorization > AZ Blue Plans-Request AZ Standard Online.”</p> <p>Fax requests – Arizona standard forms Use the fillable PDF fax forms available at Practice Management > Prior Authorization > AZ Blue Plans-Request AZ Standard Fax.</p> <p>24/7 Assistance for urgent issues and transfers to post-acute care Email us at UtilMgmt@azblue.com or call the numbers below for timely assistance with imminent treatment needs and transfers from acute to post-acute care facilities.</p> <p>Most AZ Blue plans: 602-864-4320 or 1-800-232-2345</p> <p>State of Arizona employer group plans (prefixes SYD and S3Z): 1-866-287-1980</p> <p><i>Note: Some large groups have customized extended hours (check the member ID card for specific prior authorization and contact information)</i></p> <p>Gold Card Hotline: 602-864-4811</p>
<p>EviCore prior authorization requests (Most AZ Blue commercial plans and all AZ Blue-administered Medicare Advantage plans)</p>	<p>Online requests/status – EviCore Access the tool by logging in to EviCore.com/provider.</p> <p><i>Note: Although the EviCore tool is different from the AZ standardized forms, AZ Blue will accept prior auth requests submitted through EviCore’s online tool as valid.</i></p> <p>Provider resources Find code lists, clinical guidelines, and more on our EviCore resource page.</p>
Exceptions:	
<p>1. ACA StandardHealth with Health Choice plan (member ID prefix IAZ) Access resources via azblue.com/aca-standardhealth-health-choice/providers/pa-guidelines or call 1-800-322-8670.</p>	
<p>2. BlueCard® (out-of-area) plans (members from other Blue Plans) Use the pre-service router tool on the AZ Blue provider portal at “Practice Management > Prior Authorization > BlueCard (Out-of-Area) Members” or call the prior authorization phone number on the back of the member’s ID card.</p>	
<p>3. CHS group plans (no member ID prefix; these are large, self-funded employer groups that use a third-party administrator) Call the prior authorization phone number on back of the member’s ID card.</p>	
<p>4. AZ Blue and TPA co-administered plans (member ID prefixes K8Y, K8Z, MKQ, NBT, and PTP) Call the prior authorization phone number on the back of the member’s ID card.</p>	
<p>5. FEP plans (member ID prefix R) For non-postal service plans, call 602-864-4102 or 1-800-345-7562; For postal service plans, call 1-888-585-8922</p>	
<p>6. Medicare Advantage (MA) plans (member ID prefix M2K) – Unscheduled admissions require notification within 24 hours Use the AZ Blue MA prior authorization fax form, available on our Medicare Advantage Plans page. For EviCore requests, use the online tool at EviCore.com/provider. For urgent issues after hours, call 1-888-905-1172.</p> <p>For members attributed to Optum Health Network Arizona (OHNAZ) or Arizona Priority Care (AZPC) as shown on the back of the ID card, use OHNAZ resources-optumportal.com/home or AZPC resources-azconnect.azprioritycare.com/production.</p>	
<p>7. Medicare Supplement plans (member ID prefix XBS) Medicare Supplement plans align with CMS for coverage and medical necessity determinations. If a member’s plan covers benefits for foreign travel emergency services, AZ Blue will determine medical necessity.</p>	