

AUTHORIZATION MATRIX															
	TYPE OF SERVICE														
	ASSUME CARE	CONSULT	GENETIC CONSULT	PRECONCEPTION CONSULT	ULTRASOUND	AMNIO	CVS	NUCHAL TRANSLUCENCY	BPP	NST	POST PARTUM/WOUND CHECK	FETAL ECHO	DOPPLER	INJECTIONS	LAMINARIA
INSURANCE															
MERCY CARE	AUTH REQUIRED PPA WILL OBTAIN AUTH/OBGYN NEEDS TO CALL MC AUTH DEP 602-263-3985 TO MAKE MC AWARE OF TRANSFER	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	NO AUTH REQUIRED FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	NO AUTH/REFERRAL REQUIRED	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA
HEALTH CHOICE	AUTH REQUIRED PPA WILL GET TOB	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	NO AUTH REQUIRED FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	NO AUTH OR REFERRAL REQUIRED	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA
CARE 1ST OF AZ	AUTH REQUIRED PPA WILL OBTAIN AUTH	NO AUTH OR REFERRAL REQUIRED	NO AUTH REQUIRED FOR PPA	NO AUTH OR REFERRAL REQUIRED	NO AUTH OR REFERRAL REQUIRED	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	NO AUTH OR REFERRAL REQUIRED	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	NO AUTH OR REFERRAL REQUIRED	NO AUTH OR REFERRAL REQUIRED	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA
APIPA	NO AUTH REQUIRED PPA WILL CALL APIPA TO CHANGE PCO NAME TO US	NO AUTH OR REFERRAL REQUIRED	NO AUTH REQUIRED FOR PPA	NO AUTH OR REFERRAL REQUIRED	NO AUTH OR REFERRAL REQUIRED	REFERRAL REQUIRED PUT IN REQUEST TO RFMD	REFERRAL REQUIRED PUT IN REQUEST TO RFMD	NO AUTH OR REFERRAL REQUIRED	NO AUTH OR REFERRAL REQUIRED	NO AUTH OR REFERRAL REQUIRED	NO AUTH OR REFERRAL REQUIRED	NO AUTH OR REFERRAL REQUIRED	NO AUTH OR REFERRAL REQUIRED	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA
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BANNER HEALTH	AUTH REQUIRED PPA WILL OBTAIN TOB	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	NO AUTH REQUIRED FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	NO AUTH REFERRAL REQUIRED	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA	AUTH REQUIRED-OBGYN NEEDS TO OBTAIN AUTH FOR PPA
AETNA	AUTH REQUIRED FOR 1ST VISIT PPA WILL OBTAIN AUTH	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	NO AUTH REQUIRED FOR PPA	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	NO AUTH OR REFERRAL REQUIRED	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	NO AUTH REFERRAL REQUIRED	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 800-272-3531
CIGNA	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED FOR PPA	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED	NO AUTH REQUIRED	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 1-800-882-4462	DEPENDS ON PLAN OBGYN SHOULD DOUBLE CHECK BY CALLING 1-800-882-4462
REFERRAL= SCRIPT FROM RFMD STATING TYPE OF SERVICE															
AUTHORIZATION= ACTUAL NUMBER FROM INSURANCE															
KEEP IN MIND THAT THE GENETIC COUNSLER IS NOT PART OF PPA; THEREFORE, HIS SERVICES MIGHT REQUIRE AUTH (CHECK W/GC) Mesa: M & F 480-969-5999; Glendale: W 623-561-0043; Phoenix: Tue & Thu 602-257-8118															
Rev 12/07/09															