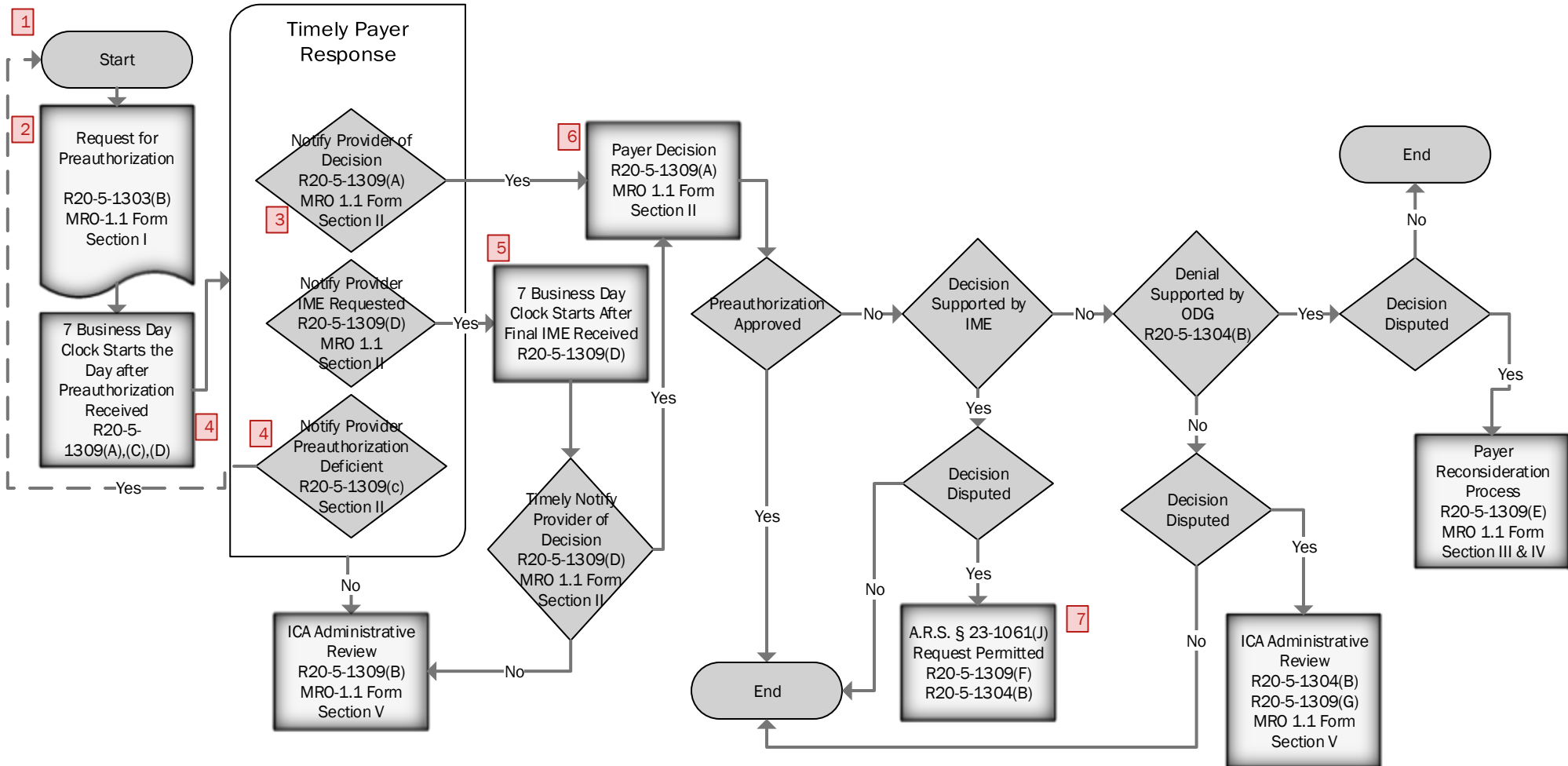


Industrial Commission of Arizona
 Preauthorization Review Process
 Effective October 1, 2018



Note Reference

1. The preauthorization process applies to all body parts and conditions that have been accepted as compensable.
2. Requests for preauthorization must be in writing using Section I of the MRO-1.1 Medical Treatment Preauthorization Form. Requests for preauthorization may be submitted by mail, electronically, or by fax.
3. A payer must use Section II of the MRO-1.1 Medical Treatment Preauthorization Form to communicate a decision or to notify a provider that an IME has been requested.
4. If a payer receives a request for preauthorization not submitted on Section I of the MRO-1.1 Medical Treatment Preauthorization Form, or if a request for preauthorization submitted using Section I of the MRO-1.1 Medical Treatment Preauthorization Form is incomplete, the payer must, within 7 business days of receiving and identifying the request for preauthorization, either: (1) act on the deficient request using Section II of the MRO-1.1 Medical Treatment Preauthorization Form, or (2) notify the provider in writing that the request was incomplete or that a request must be submitted using Section I of the MRO-1.1 Medical Treatment Preauthorization Form.
5. A payer must provide a copy of the final IME report to the provider upon receipt.
6. A payer must provide a copy of its written decision to deny treatment or services to the injured employee or an authorized representative. A payer may not deny a request solely because the Official Disability Guidelines do not address the requested treatment or services.
7. The administrative review process is not available for a payer decision supported by an IME.