Banner Medicare Advantage

Referrals and Prior Authorizations Member Tips

Banner Medicare Advantage Dual HMO D-SNP
Banner Medicare Advantage Prime HMO

Referrals

Your network Primary Care Provider (PCP) does not need to give you a referral before you can use other providers in the plan's network, such as specialists, hospitals, skilled nursing facilities, or home health care agencies. Referrals from your PCP are also not required for emergency care or urgently needed services.

If your PCP requests a specific medical procedure, you may need Prior Authorization from the health plan.

Prior Authorizations

If you have a referral to an out-of-network provider or procedure, you will need to have this service authorized by the plan.

The PCP or specialty care provider is responsible for submitting the appropriate information on the Prior Authorization Form.

Prior Authorization Form:
prov-bufc_medical-prior-authorization-form_fillable.ashx.

Please have your provider submit the completed form to your health plan.

Q: When will the Prior Authorization be completed?

Standard requests	within 14 calendar days from receipt of the request
Standard Part B medication requests	within 72 hours from the time of request
Expedited requests	within 72 hours from the time of receipt of the request
Expedited Part B medication requests	within 24 hours from the time of request

Helpful Hint

If you have not received any updates on the status of your referral and/or prior authorization in 14 calendar days or have questions, please call our Customer Care Center, 8 a.m. to 8 p.m., seven days a week:

Banner Medicare Advantage Dual HMO D-SNP
877-874-3930, TTY 711

Banner Medicare Advantage Prime HMO
844-549-1857, TTY 711

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Care Center or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.