CARE1ST HEALTH PLAN ARIZONA PRIOR AUTHORIZATION GUIDELINES ONECARE

PH 602.778.1800 (provider menu = option 5) FAX 602.778.1838

Covered Services	Special Comments	Prior Authorization Requirement	
		Care1st AHCCCS & DDD	ONECare
Allergy Testing and Treatment		Yes	Yes
Audiology Testing		None	None
Chiropractic Services		Yes	Yes
Cosmetic & Plastic Surgery	Includes Reconstructive Surgery	Yes	Yes
Dental Services		Refer to "At A Glance Guidelines"	Refer to Summary of Benefits
Dental Trauma			Yes
Diabetic Education		Yes	Yes
Diagnostic Testing	EMG, EP testing, heart caths, nerve conduction studies, nuclear cardiac stress test, TEE, tilt table	Yes	Yes
Dialysis	Notification required for the Initial start only	Yes	Yes
DME (Orthotics & Prosthetics see pg 2)	Items may be obtained by contacting Plan's preferred DME provider	None	Yes
EEG		None	None
Endoscopy	(i.e. colonoscopies, colposcopies, EGDs, etc.) *(if performed by PAR provider @ PAR facility)*	None	None
Enteral/Tube Feed	Services may be obtained by contacting Plan's preferred Enteral provider	Yes	Yes
Experimental Procedures		Not Covered	Not Covered
Family Planning	Includes services performed in office	Self Referral	Self Referral
Genetic Testing		Yes	Yes
Home Health	Services may be obtained by contacting Plan's preferred Home Health provider	None	Yes
Hospice/End of Life Services	Prior Auth required for Care1st AHCCCS & DDD; Notification required for ONECare	Yes	Yes
Hospital Admissions	Fax notification to 602.778.8386	Yes	Yes
Home Infusion	Services may be obtained by contacting Plan's preferred Home Infusion provider *Prior authorization required for IVIG and Remicade	*None	Yes
Injectibles (In office)	Prior authorization not required if allowed amount is $500 or less as per PAR provider fee schedule UNLESS procedure is noted elsewhere w/in this document as requiring prior authorization Prior authorization for Chemotherapy injectibles not required if allowed amount is $1000 or less as per PAR provider fee schedule	Yes	Yes
In-office procedures	Prior authorization not required if allowed amount is $500 or less as per PAR provider fee schedule. The exceptions to this requirement are: If procedure is less than $500 but noted elsewhere w/in this document as requiring prior auth, prior auth IS required. If procedure is greater than $500 but noted elsewhere w/in this document as NOT requiring prior auth, procedure does NOT require prior auth.	Yes	Yes
Inpatient Procedures/Surgery		Yes	Yes

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered.

NON-PAR PROVIDERS & FACILITIES REQUIRE PRIOR AUTHORIZATION FOR ALL NON-EMERGENT SERVICES

Covered Services	Special Comments	Prior Authorization Requirement	
		Care1st AHCCCS & DDD	ONECare
Insulin Pump & Tubing		Yes	Yes
Mirena IUD	Prior authorization required; refer to clinical guideline	Yes	Yes
Observation	Fax notification to 602.778.8386	Yes	Yes
Obstetrical Care	Member may self refer for initial visit. Subsequent OB care requires authorization w/in 30 days of the initial visit	Yes	Yes
Oral Surgery		Yes	Yes
Orthotics & Prosthetics		Yes	Yes
Outpatient Mental Health		PCP Referral or Self Refer to Magellan	Yes
Outpatient Rehab	*PT/OT/ST, Pulmonary Rehab, Cardiac Rehab *PT/OT/ST prior authorization is required for <u>all</u> DDD members & AHCCCS members under 21. PT for AHCCCS adults 21 & older does not require prior authorization. *As a reminder, OT/ST is NOT covered for AHCCCS & DDD members 21 years & older	*Yes	Yes
Outpatient Substance Abuse		Not Covered	Yes
Outpatient Procedures (Includes medical & diagnostic procedures)	All outpatient procedures require prior authorization UNLESS the procedure is noted elsewhere within this document as not requiring prior authorization	Yes	Yes
Pain Management	Includes epidurals and nerve blocks	Yes	Yes
Pharmacy Services	Non-formulary drugs. Fax request to 602.778.8387	Yes	Yes
Preventive Care	Includes Well Man, Well Woman and Well Child Care *Well exams for AHCCCS & DDD adults 21 years & older are not a covered benefit.	*Self Referral	Self Referral
Radiation Oncology	Includes services performed in office	No	No
Radiology	CT / MRI / MRA / PET / Dexa / Hida scans / Bone Mass Measurements MUGA scans / 3D Ultrasounds Radiology procedures NOT performed at a preferred site *(see Radiology Grid for list of preferred sites)*	Yes	Yes
Skilled Nursing Facility	Fax request to 602.778.8386	Yes 90 day limit per plan year	Yes 100 day limit per benefit period
Sleep Studies		Yes	Yes
Specialist (Consults / Follow-up visits, Procedures & medical services)	Allergy, Chiropractic, Dermatology, Ophthalmology, Plastic Surgery and Podiatry *(other specialties require PCP referral only)*	Yes	Yes
Sterilization Procedures	Vasectomy & Tubal Ligation (Signed federal consent form must be included with prior authorization request)	Yes	Yes
Transplants		Yes	Yes
Transportation	Non-emergent medically necessary transportation (includes interfacility transport)	Yes	No Benefit
Urgent Care	Member may self refer to PAR urgent care centers	Self Referral	Self Referral
Wound Care	Including Negative Pressure Wound Therapy	Yes	Yes

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