

PRIOR AUTHORIZATION GUIDELINES

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"	See Summary of Benefits Section III
Dental Trauma		Refer to "At a Glance"	Yes
Diabetic Education		Yes	Yes
Diagnostic Testing	EMG, EP testing, heart cath, 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.) <i>(if performed by PAR provider @ PAR facility)</i>	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; See Attachment I for injectables that require prior authorization	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 and DDD; Notification required for ONECare	Yes	Yes
Hospital Admissions	Fax notification to 602.778.8386	Yes	Yes
Home Infusion	<ul style="list-style-type: none"> Services may be obtained by contacting Plan's preferred Home Infusion provider *Prior authorization required for IVIG and Remicade 	*None	Yes
Injectibles (In office)	*See Attachment I for in-office injectables that require prior authorization	*Yes	*Yes
In-office procedures	<p>Prior authorization not required if the allowed amount is \$500 or less as per PAR provider fee schedule.</p> <p>The exceptions to this requirement are:</p> <ul style="list-style-type: none"> If the procedure is less than \$500 but noted elsewhere within this document as requiring prior auth, prior auth IS required. If the procedure is greater than \$500 but noted elsewhere within this document as NOT requiring prior auth, procedure does NOT require prior auth. 	Yes	Yes

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Covered Services	Special Comments	Prior Authorization Requirement	
		Care1st AHCCCS & DDD	ONECare
Inpatient Procedures/Surgery		Yes	Yes
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	<ul style="list-style-type: none"> All OB care requires authorization within 30 days of pregnancy confirmation. For high risk OB care see "Specialist" 2D OB ultrasounds (3 or more) require prior authorization 	Yes	Yes
Oral Surgery		Yes	Yes
Orthotics & Prosthetics		Yes	Yes
Outpatient Mental Health		PCP Referral or Self Refer to Magellan	Yes
Outpatient Rehab	<ul style="list-style-type: none"> *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 & 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 Procedures	Epidurals, nerve blocks, neurolysis and trigger point injections	Yes	Yes
Pharmacy Services	Non-formulary drugs. Fax request to 602.778.8387	Yes	Yes
Preventive Care	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> CT / MRI / MRA / PET / Dexa / Hida scans / Bone Mass Measurements/ MUGA scans / 3D Ultrasounds / 2D OB ultrasounds (3 or more) Radiology procedures NOT performed at a preferred site (<i>see Radiology Grid for list of preferred sites</i>) 	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

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		Care1st AHCCCS & DDD	ONECare
Specialist (Consults / Follow-up visits, Procedures & medical services)	Allergy, Chiropractic, Dermatology, Ophthalmology, Perinatology, Plastic Surgery and Podiatry (<i>other specialties require PCP referral only</i>)	Yes	Yes
Sterilization Procedures	Vasectomy & Tubal Ligation (Signed federal consent form must be included with prior authorization request)	Yes	Yes
Transplants		Yes	Yes
Transportation	<ul style="list-style-type: none"> • Non-emergent medically necessary transportation (includes interfacility transport) • *See ONECare Summary of Benefits Section III for coverage details 	Yes	*Yes
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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ATTACHMENT I: J Codes and Q Codes Requiring Prior Authorization

Code	Description
J0129	Injection, abatacept, 10 mg
J0135	Injection, adalimumab, 20 mg
J0150	Injection, adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)
J0180	Injection, agalsidase beta, 1 mg
J0190	Injection, biperiden lactate, per 5 mg
J0205	Injection, alglucerase, per 10 units
J0215	Injection, alefacept, 0.5 mg
J0220	Injection, alglucosidase alfa, 10 mg
J0348	Injection, anidulafungin, 1 mg
J0350	Injection, anistreplase, per 30 units
J0400	Injection, aripiprazole, intramuscular, 0.25 mg
J0585	Injection, onabotulinumtoxina, 1 unit
J0586	Injection, abobotulinumtoxina, 5 units
J0587	Injection, rimabotulinumtoxina, 100 units
J0592	Injection, buprenorphine hydrochloride, 0.1 mg
J0595	Injection, butorphanol tartrate, 1 mg
J0725	Injection, chorionic gonadotropin, per 1,000 usp units
J0740	Injection, cidofovir, 375 mg
J0800	Injection, corticotropin, up to 40 units
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units
J0886	Injection, epoetin alfa, 1000 units (for esrd on dialysis)
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	Injection, testosterone cypionate, up to 100 mg
J1080	Injection, testosterone cypionate, 1 cc, 200 mg
J1260	Injection, dolasetron mesylate, 10 mg
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J1560	Injection, gamma globulin, intramuscular, over 10 cc
J1561	Injection, immune globulin, (gamunex), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1562	Injection, immune globulin (vivaglobin), 100 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569	Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized, (e.g. liquid), 500 mg
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1640	Injection, hemin, 1 mg
J1645	Injection, dalteparin sodium, per 2500 iu
J1650	Injection, enoxaparin sodium, 10 mg
J1652	Injection, fondaparinux sodium, 0.5 mg
J1675	Injection, histrelin acetate, 10 micrograms
J1680	Injection, human fibrinogen concentrate, 100 mg
J1740	Injection, ibandronate sodium, 1 mg
J1745	Injection infliximab, 10 mg

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Code	Description
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J1930	Injection, lanreotide, 1 mg
J1931	Injection, laronidase, 0.1 mg
J1945	Injection, lepirudin, 50 mg
J2020	Injection, linezolid, 200mg
J2170	Injection, mecasermin, 1 mg
J2278	Injection, ziconotide, 1 microgram
J2315	Injection, naltrexone, depot form, 1 mg
J2323	Injection, natalizumab, 1 mg
J2357	Injection, omalizumab, 5 mg
J2503	Injection, pegaptanib sodium, 0.3 mg
J2680	Injection, fluphenazine decanoate, up to 25 mg
J2778	Injection, ranibizumab, 0.1 mg
J2794	Injection, risperidone, long acting, 0.5 mg
J2850	Injection, secretin, synthetic, human, 1 microgram
J2940	Injection, somatrem, 1 mg
J2941	Injection, somatropin, 1 mg
J2950	Injection, promazine hcl, up to 25 mg
J2993	Injection, reteplase, 18.1 mg
J3110	Injection, teriparatide, 10 mcg
J3120	Injection, testosterone enanthate, up to 100 mg
J3130	Injection, testosterone enanthate, up to 200 mg
J3140	Injection, testosterone suspension, up to 50 mg
J3150	Injection, testosterone propionate, up to 100 mg
J3420	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units
J3486	Injection, ziprasidone mesylate, 10 mg
J3488	Injection, zoledronic acid (reclast), 1 mg
J3490	Unclassified drugs
J3590	Unclassified biologics
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram
J7190	Factor viii (antihemophilic factor, human) per i.u.
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
J7194	Factor ix, complex, per i.u.
J7195	Factor ix (antihemophilic factor, recombinant) per i.u.
J7198	Anti-inhibitor, per i.u.
J7199	Hemophilia clotting factor, not otherwise classified
J7300	Intrauterine copper contraceptive

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Code	Description
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	Contraceptive supply, hormone containing vaginal ring, each
J7304	Contraceptive supply, hormone containing patch, each
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)
J7310	Ganciclovir, 4.5 mg, long-acting implant
J7311	Fluocinolone acetonide, intravitreal implant
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
J7502	Cyclosporine, oral, 100 mg
J7505	Muromonab-cd3, parenteral, 5 mg
J7507	Tacrolimus, oral, per 1 mg
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25mg
J7517	Mycophenolate mofetil, oral, 250 mg
J7518	Mycophenolic acid, oral, 180 mg
J7520	Sirolimus, oral, 1 mg
J7525	Tacrolimus, parenteral, 5 mg
J7599	Immunosuppressive drug, not otherwise classified
J7605	Arformoterol, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 mg
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg
J7633	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 mg
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per mg
J8501	Aprepitant, oral, 5 mg
J8650	Nabilone, oral, 1 mg
J8999	Prescription drug, oral, chemotherapeutic, nos
J9001	Injection, doxorubicin hydrochloride, all lipid formulations, 10 mg
J9050	Injection, carmustine, 100 mg
J9185	Injection, fludarabine phosphate, 50 mg
J9208	Injection, ifosfamide, 1 gram
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units

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Code	Description
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu
J9216	Injection, interferon, gamma 1-b, 3 million units
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
J9219	Leuprolide acetate implant, 65 mg
J9225	Histrelin implant (vantas), 50 mg
J9226	Histrelin implant (supprelin la), 50 mg
J9266	Injection, pegaspargase, per single dose vial
J9270	Injection, plicamycin, 2.5 mg
J9293	Injection, mitoxantrone hydrochloride, per 5 mg
J9310	Injection, rituximab, 100 mg
J9395	Injection, fulvestrant, 25 mg
J9600	Injection, porfimer sodium, 75 mg
J9999	Not otherwise classified, antineoplastic drug
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0165	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0166	Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0169	Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0170	Promethazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0171	Chlorpromazine hydrochloride, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0172	Chlorpromazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0176	Perphenazine, 8mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0178	Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0179	Ondansetron hydrochloride 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen

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Q0515	Injection, sermorelin acetate, 1 microgram
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent
Q2017	Injection, teniposide, 50 mg
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
Q4082	Drug or biological, not otherwise classified, part b drug competitive acquisition program (cap)
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml
Q9955	Injection, perflexane lipid microspheres, per ml
Q9956	Injection, octafluoropropane microspheres, per ml
Q9957	Injection, perflutren lipid microspheres, per ml

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