

November 30, 2011

PRIOR AUTHORIZATION UPDATE

Updated Prior Authorization Guidelines

Dear Care1st and ONECare Providers and Office Staff:

The *Care1st and ONECare Prior Authorization Guidelines* has been updated and is available on our website www.care1st.com/az (see “Prior Authorization Guidelines and Criteria” under the “Providers” menu). The new guideline is effective January 1, 2012.

The table below outlines changes in authorization requirements effective *January 1, 2012*:

Service	Change
ASC Procedures	Attachment II ASC Procedures Requiring Prior Authorization has been updated. <i>(Change)</i>
In-office Procedures	We will no longer require prior authorization for in-office procedures based on a set dollar amount. A new Attachment III was added that lists In-office Procedures Requiring Prior Authorization. Page 2 of the guideline now lists In-office procedures with a Special Comment that references the new Attachment III. <i>(Change)</i>
Specialist	Allergy, Chiropractic, Dermatology, Ophthalmology, Perinatology, Plastic Surgery and Podiatry require prior authorization for all visits and medical & diagnostic procedures EXCEPT for ASC procedures that do not require prior authorization (those not listed on Attachment II). <i>(Clarification)</i>

If you have any questions regarding the information contained in this communication and/or if you do not have access to the internet and would like us to send you a hard copy, please contact Provider Network Operations at the number(s) below.

Thank You!