



Provider Updates for 2010: *Quick Reference sheet*

- ✚ There is an ALL NEW HCA Prior Authorization Grid, Exhibit 6-1. This new HCA PA Grid has been redeveloped in order to focus not only on the types of services which require authorization BUT also the codes (i.e. CPT, HCPCS, ICD-9) associated with those services. HCA has been communicating to offices since the Summer of 2009 that ALL applicable codes MUST be submitted with ALL Prior Authorization requests.

NOTE: HCA is redeveloping the HCA Dental PA Grid as well, similarly focused on not only the types of services which require authorization, BUT also the codes (i.e. CPT, HCPCS, CDT) associated with those services.

- ✚ The New HCA Formulary as well as an HCA “Formulary Change Notice” has been posted to the HCA website. New annual ‘hard copy’ Formulary editions will be printed and released to Provider offices in early 2010. (NOTE: The on-line Formulary version is the most updated and reliable version of the Formulary throughout the year).
- ✚ HCA does not perform RETROSPECTIVE “Prior Authorization” for Medical services except where a non-authorized service is rendered as a direct result of an Urgent or Emergent medical condition. In such circumstances, the HCA Medical Services Department will accept submissions for “Prior Authorization” within three (3) business days of when the service was rendered. The request should be accompanied by medical documentation to support PA of the service AND documentation to support the service rendered was required on an urgent or emergent basis.

* ALL other forms of “Retro” PA will be entered into the health plan claims and medical management information system and deemed “Cancelled” at the time they are

processed. There are no defined AHCCCS time-frames or requirements for processing “Retrospective” prior-authorization requests where services have already been provided to the HCA member. Providers/Facilities have the right to file a Claims Dispute if a claim is denied (see Chapter 15 Claim Disputes and Member Appeals). Simply, if the Provider submits a claim which is denied for no PA being obtained, the claim can be grieved along with documentation of medical necessity and a basis for why PA was not obtained.

- ✚ HCA will no longer accept and perform PA for Adult Dental Services: HCA (per AHCCCS and Federal regulations) does not prior authorize Emergency services. All AHCCCS-covered, adult dental services are considered “Emergent” in nature and thus can not be prior authorized. Dental Providers should become familiar with HCA Clinical Review Criteria (CRC) posted to our website via the Provider Portal AND AHCCCS adult dental coverage limitations for emergency dental care and provide services accordingly. *NOTE: ALL services rendered will be subject to pre-payment claims review and medical records must accompany the Dental claim.

- ✚ Additional information which will increase Provider awareness of diagnoses which are often covered through Children’s Rehabilitative Services (CRS) has been added to the HCA Provider Manual, Chapter 6. Additionally, Exhibit 6-9A (CRS Chapter 5.1) 6-9B (HCA Comprehensive CRS Diagnosis list) and 16-1 (CRS Application form) have been added to further help Providers coordinate care for CRS covered conditions.

- ✚ The HCA On-line “Provider Portal” will soon allow offices to submit “Standard” Prior Authorization service requests on-line and get immediate feedback of plan receipt. Instructions will then be provided on how to submit supporting documentation via FAX until such time that HCA can accept on-line submission of electronic and/or scanned medical records. Please watch for this web-based PA capability in early 2010.

- ✚ Eye care services - HCA has an expanded agreement with Nationwide Vision for eye care that can be provided by Optometrists (without authorization) within their scope of practice under Arizona law. HCA also has posted an ALL-New Nationwide Vision Paper Referral Form, Exhibit 6-8A (General Eye Care Form) and 6-8B (Diabetic Eye Care referral form). PLEASE keep in mind that AHCCCS and HCA do not pay for routine vision screening or glasses for members age 21 and over.