

**Exhibit 6-1: HEALTH CHOICE ARIZONA PRIOR AUTHORIZATION REQUIREMENTS**

<p><b>HCA Main Phone Line – Request to speak with the HCA Medical PA Department: 1-800-322-8670</b></p>	<p><b><u>MEDICAL PA Fax Line :</u> 1-800-323-9652 or 480-731-9557</b></p> <p><b><u>PHARMACY PA Fax Line:</u> 1-866-807-2049</b></p>
---	---

The following list of medical, dental, DME, and pharmacy services is a thorough guideline but not necessarily a comprehensive listing of every service which may be rendered/covered under the AHCCCS program.

The contracted service provider is ultimately responsible for verifying member AHCCCS eligibility and benefit coverage at the time services are rendered.

**ALL non-contracted services providers require authorization for ANY service.**

Please refer to the HCA Authorizations and Referrals Chapter 6 ([www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com)) of the Provider Manual and the AHCCCS Medical Policy Manual ([www.ahcccs.state.az.us](http://www.ahcccs.state.az.us)) for additional summary detail of covered and excluded services.

<p><b>INPATIENT SERVICES</b></p> <p><b>All facilities must notify the plan and obtain an authorization prior to OR at the time of ALL admissions.</b></p> <p><b>NOTE: For pre-planned, medically reviewed and/or prior-authorized admissions, the facility must call HCA at the time of admission to activate the authorization number when the member presents for admission to the facility.</b></p>	
<b>Service Description</b>	<b>Prior Authorization Requirements</b>
Acute Hospital Inpatient – ALL levels of care	Plan notification is accepted by and approved through the HCA PA Department. Primary diagnosis ICD codes are needed at time of admission authorization request.
Hospital Inpatient – ALL preplanned admissions/procedures	Plan notification is accepted by and approved through the HCA PA Department. Primary diagnosis ICD codes are needed at time of admission authorization request.
Other - Acute level of care [i.e. Acute Rehabilitation; Long Term Acute Care (LTAC)]	Approved through the HCA UR Nursing staff when part of discharge planning. Approved through the HCA PA Department if the admission is directed from the out patient setting.
Skilled Nursing Facilities (SNF)	Approved through the HCA UR Nursing staff when part of discharge planning. Approved through the HCA PA Department if the admission is directed from out patient setting.
Hospice	Approved through the HCA UR Nursing staff when part of discharge planning; OR Approved through the HCA PA Department if the admission is directed from out patient setting.

<b>Service Description</b>	<b>Prior Authorization Requirements</b>
Behavioral Health	Approved through the HCA Behavioral Health department if non-RBHA enrolled; up to 72 hours. An order for RBHA consultation must be initiated at the time of admission.
Non-contracted facilities	Approved through the HCA PA Department. PA for out of network facilities will only be considered when a medically necessary service can not be provided at an in-network facility.
Out-of-state	Approved through the HCA PA Department. To be considered, facility must have or be willing to obtain, a valid and current AHCCCS ID number. (AHCCCS-covered out of state care must be of an urgent or emergent nature)

<b>HCA IN-NETWORK HOSPITALS</b>	
<b>County</b>	<b>Facilities</b>
Apache	Sage Memorial Hospital White Mountain Regional Regional Medical Center
Coconino	Flagstaff Medical Center Page Hospital
Gila	Cobre Valley Community Hospital Payson Regional Medical Center
Maricopa	Arizona Ortho Surgical Hospital Arrowhead Community Hospital Banner Baywood Medical Center Banner Boswell Hospital Banner Del E Webb Hospital Banner Desert Medical Center Banner Estrella Medical Center Banner Gateway Medical Center Banner Good Samaritan Medical Center Banner Thunderbird Medical Center Chandler Regional Hospital John C Lincoln Hospital North Mountain John C. Lincoln Deer Valley Maricopa Medical Center Maryvale Hospital Medical Center Mercy Gilbert Medical Center Mountain Vista Medical Center LP Paradise Valley Hospital Phoenix Baptist Hospital Phoenix Children's Hospital St. Josephs Hospital & Medical Center St. Lukes Medical Center Tempe St. Lukes Hospital West Valley Hospital Wickenburg Regional Medical
Mohave	Havasupai Regional Medical Center Kingman Regional Medical Center Valley View Medical Center Western Arizona Regional Medical Center

<b>County</b>	<b>Facilities</b>
Navajo	Little Colorado Medical Center Summit Healthcare Regional Medical Center
Pima	Carondelet St. Joseph's Hospital Carondelet St. Mary's Hospital Northwest Medical Center Northwest Medical Center Oro Valley Tucson Heart Hospital Tucson Medical Center University Medical Center University Phys Hospital at Kino
Pinal	Casa Grande Regional Medical Center
Santa Cruz	Carondelet Holy Cross Hospital
Yavapai	Verde Valley Medical Center
La Paz	La Paz Regional Hospital
Yuma	Yuma Regional Medical Center
Out of State	Kane County Hospital Mountain View Hospital North Vista Hospital Rehoboth McKinley Christian Hospital Southern Hills Hospital and Medical Center Sunrise Hospital and Medical Center

<b>HCA IN-NETWORK ACUTE REHABILITATION, LONG TERM ACUTE CARE (LTAC), SNF, &amp; HOSPICE FACILITIES</b>	
<b>County</b>	<b>Facilities</b>
Coconino – <b>Acute Rehabilitation</b>	Northern Arizona Rehab Center
Maricopa – <b>Acute Rehabilitaion</b>	Healthsouth Scottsdale Healthsouth Valley of the Sun St. Lukes Reha St. Lukes Rehabilitation Institute
Mohave – <b>Acute Rehabilitation</b>	Havasu Regional Medical Center Kingman Regional Hospital
Pima – <b>Acute Rehabilitation</b>	HealthSouth Rehabilitation Hospital of Arizona Healthsouth Rehabilitation Institute
Yavapai – <b>Acute Rehabilitation</b>	Mountain Valley Regional Rehabilitation Hospital
Yuma - <b>Acute Rehabilitation</b>	Yuma Rehabilitation Hospital
Maricopa – <b>Long Term Acute Care</b>	Los Ninos Hospital Promise Specialty Hospital of Phoenix Select Specialty Hospital Phoenix Select Phoenix Downtown Select Specialty Scottsdale
Pima – <b>Long Term Acute Care</b>	Kindred Specialty Hospital
Coconino - <b>SNF</b>	Infinia At Flagstaff Kachina Point Healthcare The Peaks

<b>County</b>	<b>Facilities</b>
<b>Gila – SNF</b>	Copper Mountain Inn Heritage Health Care Center Payson Care Center
<b>Maricopa - SNF</b>	Apache Junction Health Center Citadel Care Center Coronado Care and Rehabilitation Desert Cove Nursing Center Desert Haven Care Center Desert Sky Health & Rehabilitation Desert Terrace Nursing Center East Mesa Healthcare Center Evergreen Mesa Christian Glendale Care Center Grace Health Care Hacienda Skilled Nursing Facility Highland Manor Health & Rehabilitation La Estancia Life Care Center at South Mountain Life Care Center of North Glendale Life Care Center Paradise Valley Life Care Center Scottsdale Maravilla Care Center Mesa Christian Health & Rehab Mi Casa Nursing Home Mission Palms Of Mesa North Mountain Medical & Rehabilitation Osborn Health & Rehab Palm Valley Rehabilitation & Care Center Plaza Healthcare Scottsdale Nursing & Rehabilitation Center Springdale Village Springdale West Sun City Health & Rehab Sun Grove Village Care Center Suncrest Healthcare Center
<b>Mohave – SNF</b>	Desert Highlands Havasu Nursing Center Silver Ridge Village NH The Gardens Care Center The Lingenfelter Center
<b>Navajo – SNF</b>	Infinia of Show Low
<b>Pima – SNF</b>	Catalina Care Center Desert Life Rehabilitation & Healthcare Devon Gables Health Care Center La Canada Care Center La Colina Care Center Life Care Center of Tucson Mountain View Care Center Sabino Canyon Valley Health Care Rehabilitation Center
<b>Pima – SNF (Continued )</b>	Villa Campana Health Care Center Waverly Park Health Care
<b>Yavapai – SNF</b>	Infinia at Cottonwood

<b>County</b>	<b>Facilities</b>
Yuma – <b>SNF</b>	La Mesa Health Care Center Life Care Center of Yuma Palm View Rehabilitation & Healthcare Ctr Yuma Nursing Center
Coconino – <b>Hospice</b>	RTA Hospice
Gila – <b>Hospice</b>	RTA Hospice
Maricopa – <b>Hospice</b>	Banner Hospice Hospice Family Care Inc. X 3 Hospice of the Valley Hospice of Arizona Serenity Hospice
Mohave – <b>Hospice</b>	Hospice of Havasu Kingman Regional Hospice
Navajo – <b>Hospice</b>	RTA Hospice
Pima – <b>Hospice</b>	Casa De La Luz Hospice Hospice Family Care Inc. Odyssey Health Care of Tucson
Pinal – <b>Hospice</b>	Hospice Family Care Inc. RTA Hospice Inc.
Yavapai – <b>Hospice</b>	Granite Mountain Hospice RTA Hospice & Palliative
Yuma – <b>Hospice</b>	Hospice of Yuma RTA Hospice & Palliative
Out of State - <b>Hospice</b>	New Hope Hospice of Nevada Southern Utah Hospice

<b>OUTPATIENT SERVICES</b>	
<b>Service Description</b>	<b>Prior Authorization Requirements</b>
Acute Hospital Observation	Approved through the HCA PA Department. Primary diagnosis ICD codes are needed at time of admission authorization request. Conversion from Outpatient to full Inpatient status, contact the HCA UR Nursing staff assigned to that facility.
ALL Preplanned surgical procedures need either plan 'notification' OR formal medical necessity review/prior authorization (see " <b>Procedures</b> " grid below for those outpatient services which need formal medical necessity review/prior authorization)	Approved through the HCA PA Department. Primary diagnosis ICD codes and procedure CPT codes are needed at time of admission authorization request.
Hospice	Approved through the HCA PA Department. Primary diagnosis ICD codes are needed at time of admission authorization request.
Maternal Outpatient Stay (MOPS)	Approved through the HCA Maternal Child Health Department. Primary diagnosis ICD codes are needed at time of admission authorization request.

Service Description	Prior Authorization Requirements
<p>ALL Pediatric Congenital Conditions and/or ALL <b>Children's Rehabilitation Services (CRS)</b> related conditions.</p> <p><b>NOTE:</b> For a complete manual of covered CRS conditions, please see the Arizona Department of Health Services, Office for Children with Special Health Care Needs (OCSHCN) - <a href="http://www.azdhs.gov/phs/ocshcn/crs/crsaz.htm">http://www.azdhs.gov/phs/ocshcn/crs/crsaz.htm</a></p>	<p>ALL services related to CRS related/congenital conditions in members under 21 years of age and/or other known CRS-covered conditions must have PA. All members with CRS-qualifying diagnoses should also be referred to the CRS clinic in the member's respective county of residence.</p>
<p>Non-contracted facilities</p>	<p>Approved through the HCA PA Department. PA for out of network facilities will only be considered when a necessary medical service can not be provided at an in-network facility.</p>
<p>Out of state</p>	<p>Approved through the HCA PA Department. To be considered, facility must have or be willing to obtain, a valid and current AHCCCS ID number.</p>

HCA IN-NETWORK AMBULATORY SURGICAL CENTERS	
County	Facilities
<p>Coconino</p>	<p>Forest Canyon Endoscopy Northern Arizona Surgicenter Summit Surgery and Recovery Care Center The Ambulatory Surgicenter at FMC</p>
<p>Maricopa</p>	<p>Arizona Surgical Specialties Banner Baywood Surgery Center Banner Canyon Springs Surg Ctr Banner Desert Surgical Center Banner Estrella Surg Ctr Banner Thunderbird Surg Ctr Gateway Surgical Center Metro Surgery Center Physicians Surgery Center Surgery Center of Gilbert Surgery Center of Peoria Surgery Center of Scottsdale Surgicenters of America Union Hills Surgery Center Valley Outpatient Surgery Center Warner Medical Park Surgery Center</p>
<p>Navajo</p>	<p>Sunrise Ambulatory Surgical Center White Mountain Ambulatory Surgical Center</p>
<p>Pima</p>	<p>Adobe Surgical Center Carondelet Foothills Surgical Center Northwest Eye Specialists Premier Surgery Center of Tucson Tucson Gastroenterology Institute Tucson Orthopedic Surgery Center Vital Sights PC Eye Institute of Southern Az</p>

<b>County</b>	<b>Facilities</b>
Yuma	Endoscopy Center of Yuma Yuma Regional Outpatient Surgical Center
(Washington) Mohave - St. George, UT	Coral Desert Surgery St. George Surgical Center

**SPECIALIST CONSULTATIONS AND FOLLOW-UP CARE**

The Specialists listed in the grid below require formal medical necessity review in order to obtain prior authorization approval.

Please submit medical documentation to the HCA PA department.

<b>Service Description</b>	<b>Prior Authorization Requirements</b>
Bariatric Surgery	All related codes
Chiropractic	All related codes
Dental	Please refer to the Dental PA grid below
Dermatology	All related codes
Developmental Pediatrics	All related codes
Genetics	All related codes
Maternal Fetal Medicine	All related codes
Nutrition/Dietician	All related codes
Neuropsychiatry	All related codes
Ophthalmology	All related codes
Oral and Maxillofacial surgery	All related codes
Pain Management	All related codes
<b>ALL Pediatric Subspecialties</b> if the anticipated medical care is for the treatment and/or management of any Children's <b>Rehabilitation Services (CRS)</b> related conditions.  <b>NOTE:</b> For a complete manual of covered CRS conditions, please see the Arizona Department of Health Services, Office for Children with Special Health Care Needs (OCSHCN) - <a href="http://www.azdhs.gov/phs/ocshcn/crs/crsaz.htm">http://www.azdhs.gov/phs/ocshcn/crs/crsaz.htm</a>	ALL services related to CRS related/congenital conditions in members under 21 years of age and/or other known CRS-covered conditions must have PA. All members with CRS- qualifying diagnoses should also be referred to the CRS clinic in the member's respective county of residence.
Physical Medicine Rehabilitation	All related codes
<b>Psychiatry and other counseling services</b>	<b>Refer member to the Regional Behavioral Health Authority (RBHA) in the member's county of residence (* see next grid below)</b>
Plastic and Reconstructive Surgery	All related codes
Podiatry	All related codes
Transplantation – ALL Consultation, Evaluation, Surgical and all follow-up services	Please refer to the Transplantation coverage section of this PA chapter
Wound Care Centers (see below)	All related codes

**HCA IN-NETWORK WOUND CLINICS**

<b>County</b>	<b>Facilities</b>	<b>Phone</b>
Coconino	*Flagstaff Regional Medical Center	(928)214-3723
Gila	Payson Regional Medical Center	(928)472-5245
Maricopa	Banner Baywood Medical Center Banner Gateway Medical Center Banner Good Samaritan Medical Center Banner Thunderbird Medical Center Chandler Regional Medical Center John C. Lincoln Medical Center Maricopa Medical Center Mountain Vista Medical Center Paradise Valley Rehab & Wound Care	(480)543-2606 (602)239-6040 (602)588-5555 (480)728-3701 (602)870-6055 (602)344-5726 (480)358-6090 (602)923-5648
Maricopa (Continued)	Phoenix Baptist St. Luke's Medical Center Tempe St. Luke's Medical Center	(602)246-2766 (602)251-8714 (480)333-5152
Mohave	Colorado River Medical Center *Kingman Regional Medical Center Valley View Medical Center	(928)788-3604 (928)757-5630 (928)788-3604
Pima	Carondelet St. Joseph's Carondelet St. Mary's	(520)873-5880 (520)546-5104
Pinal	Casa Grande Medical Center	(520)421-0447
Yuma	Yuma Regional Medical Center	(928)344-2000

**\*PT Does Out-patient Wound Care**

**BEHAVIORAL HEALTH SERVICES**  
**\*Regional Behavioral Health Authority (RBHA)**

<b>County</b>	<b>Facilities</b>	<b>Phone</b>
<b>Maricopa County</b>	<b>Magellan Behavioral Health</b> 4129 E. Van Buren #150 Phoenix, AZ 85008 Info and Referral: (800)564-5465 Fax: (888) 290-1285 Fax: (866) 892-5023 (preferred fax for intakes) 24hr Crisis Line: (602) 222-9444	
<b>Pima and Santa Cruz Counties</b>	<b>CPSA - Community Partnership of Southern Arizona</b> 535 N Wilmot Road, #201 Tucson, AZ 85711 Phone: (520) 325-4268 Info and Referral: (800) 771-9889 Fax: (800) 443-0365 or (520) 326-0931 Crisis Line: Calls roll over after 11pm	

<b>County</b>	<b>Facilities</b>	<b>Phone</b>
<b>Coconino, Navajo, Mohave, Apache Counties</b>	<b>NARBHA - Northern Arizona Regional Behavioral Health Authority</b> 1300 S. Yale Street Flagstaff, AZ 86001 Phone: (928) 774-7128 Info and Referral: (800) 640-2123 <i>customer line</i> , (877) 923-1400 <i>health worker line</i> Fax: (928) 774-5665 Crisis Line: Calls roll over after 5pm	
<b>Yuma and La Paz Counties</b>	<b>Cenpatico - Centene</b> 1501 W Fountainhead Corporate Park, Suite 295 Tempe, AZ 85282 Phone: (866) 495-6738 Fax: (800) 398-6182 24hr Crisis Line: (866) 495-6735 <i>Nursewise</i> Fax: (866) 616-8773	

<b>Tribal Regional Behavioral Health Authorities (TRBHAs)</b>		
<b>Pascua Yaqui</b>	(520) 879-6060	Crisis Line: (520) 591-7206
<b>Navajo Nation</b>	(928) 871-6877 or (928) 871-6648	No Crisis Line; Go to an IHS Hospital
<b>Gila River</b>	(520) 562-3321	Crisis Line: (800) 259-3449
<b>White Mt. Apache</b>	(928) 338-4811	No Crisis Line; Go to an IHS Hospital

**ANCILLARY SERVICES**

The ancillary services listed in the grid below require formal medical necessity review in order to obtain prior authorization approval, where specified.

Please submit medical documentation to the HCA PA department.

<b>Service Description</b>	<b>Prior Authorization Requirements</b>
Cardiac Rehabilitation	All related codes
Dialysis	Initial visit only
Education (i.e. Diabetic; Nutrition; Asthma)	All related codes
Home Health (see below)	All related codes
Home Infusion	All related codes; Contact Preferred Home Care directly (800-636-2123, or main phone number 480-446-9010; Fax 480-446-7695)
Hyperbaric Oxygen (HBO)	All related codes

Service Description	Prior Authorization Requirements
<p><b>Laboratory Services</b></p> <p><b>Laboratory Corporation of America</b> (<u>Exclusive</u> lab provider in Maricopa and Pima counties; Lab Corp is used nonexclusively statewide in Apache, Coconino, La Paz, Navajo, Mohave, Santa Cruz, and Yuma counties)</p> <p><b>Sonora Quest Laboratory</b> is used nonexclusively in Apache, Coconino, La Paz, Navajo, Mohave, Santa Cruz, and Yuma counties</p> <p>In-network hospital-based laboratory services are used nonexclusively in Apache, Coconino, La Paz, Mohave, Navajo, and Yuma counties</p> <p><b>PBC Labs – Dermatopathology services</b> (Lab Corp can also provide Dermatopathology services)</p>	<p>No authorization needed when using in-network facilities except for ALL types of disease specific <i>genetic</i> testing (i.e. BRCA)</p> <p>No authorization needed when using in-network facilities except for ALL types of disease specific <i>genetic</i> testing (i.e. BRCA)</p> <p>No authorization needed when using in-network facilities except for ALL types of disease specific <i>genetic</i> testing (i.e. BRCA)</p>
Matria - Alere Homecare Obstetrical Services	All related codes; Contact the HCA Maternal Child Health Department.
Nutritional support [i.e. TPN; special (non-WIC covered) infant formulas; adult nutrient supplements]	All related codes; Contact Preferred Home Care directly (1-800-636-2123, or main phone number 480-446-9010).
Occupational Therapy	All related codes
Phototherapy (light therapies)	All related codes
Physical Therapy	All related codes
Pulmonary Rehabilitation	All related codes
Speech Therapy	All related codes
Vestibular Rehabilitation	All related codes

## HCA IN-NETWORK HOME HEALTH

County	Facilities	
Coconino	*Horizon Home Health	(928)645-9110
	*Northern Arizona Homecare	(800)654-5910
Gila	Payson Regional Home Health	(928)472-5245
Maricopa	Assisted HC Services Scottsdale/Mesa	(480)860-2345
	Assisted Healthcare Services Glendale/Phx	(623)486-2828
	*Banner Home Care	(480)497-5535
	Care Partners Health Services	(623) 535-9607
	*Haggai Healthcare Corporation	(602)943-5963
	Horizon Home Health – Phoenix	(480)894-5113
	KC'S Home Health Care LLC -Phoenix	(602)283.4089
	*Los Ninos Hospital Innov Homehealth	(602)305-9500
	Maxicare Home Health, Inc.	(602)246-1115
	Maxim Healthcare Services – Glendale	(623)937-0225
	Maxim Health Care Services – Scottsdale	(480)951-4044
*MGA Home Health Care LLC	(602)385-8733	
*Supreme Home Care, Inc.	(602)454-0155	
Mohave	Havasu Regional Home Health	(928)680-1209
	Kingman Regional Medical Center	(928)757-2101
Pima	Dependable Home Health Inc.	(520)721-3822
	Interim Home Health	(520)747-1800
	*Maxim Health Care Service	(520)546-5104
	Sunrise Home Care	(520)886-4400
Pinal	*El Sol Home Health Inc.	(520)421-0447
Santa Cruz	Dependable Home Health Services	(520)761-3211
Yavapai	Granite Mountain Home Health	(928)445-2522
	*Northern AZ Healthcare – Cottonwood	(928)639-6674
Yuma	*Yuma Home Care, Inc.	(928)341-1300
Out of State	Always better Care	(866)987-9990
	Southern Utah Home Health	(435)634-9300

**\* Provides Pediatric Home Health Care**

## PROCEDURES

The procedures listed in the grid below require formal medical necessity review in order to obtain prior authorization approval.

Please submit medical documentation to the HCA PA department.

Service Description	Prior Authorization Requirements
ALL Unlisted Procedure codes	All related codes
ALL Temporary ("T") codes	All related codes
ALL Out of Network services	All related codes
Abdominoplasty	All related codes
Allergy Immunotherapy	All related codes
Automated Implantable Cardiac Device (AICD; Bi-V ICD)	All related codes
Bariatric surgical interventions	All related codes

<b>Service Description</b>	<b>Prior Authorization Requirements</b>
Bioengineered skin product applications	All related codes
Blepharoplasty	All related codes
Bone Anchored Hearing Aids (BAHA)	All related codes
Capsule Endoscopy (Video)	All related codes
Carotid stenting	All related codes
Cataract removal	All related codes
Circumcision	All related codes
Cochlear implants	All related codes
Cosmetic procedures (not covered)	All related codes
Deep brain stimulator	All related codes
Enhanced External Counterpulsation (EECP)	All related codes
Gamma Knife	All related codes
Gastric Pacemakers	All related codes
Hysterosalpingogram	All related codes
Implanon (subcutaneous device)	All related codes
Infrared therapies (i.e. Anodyne Therapy System; infrared coagulation)	All related codes
Mammoplasty (i.e. breast reduction)	All related codes
Oral Maxillary Facial surgery	All related codes
Obstructive Sleep Apnea (OSA) corrective surgeries (i.e. UPPP)	All related codes
Panniculectomy	All related codes
Pediatric Surgeries needed as a consequence of a congenital anomaly	All related codes
Peripheral Nerve Stimulators	All related codes
Podiatric surgeries	All related codes
Pregnancy termination (see "Services with Special AHCCCS Considerations" below)	All related codes
Rhinoplasty	All related codes
Sacral neuromodulation (sacral nerve stimulator)	All related codes
Scar revision	All related codes
Spinal disc replacement	All related codes
Spinal cord stimulators (and Dorsal Column Stimulators)	All related codes
Sterilization (see "Services with Special AHCCCS Considerations" below)	All related codes
Strabismus corrections	All related codes
<b>Transplant – ALL related services</b>	All related codes
Vagal Nerve Stimulators	All related codes
Varicose vein treatments	All related codes
Ventricular Assist Device (VAD)	All related codes
Viscosupplementation (i.e. Synvisc; Supartz)	All related codes

<b>TESTING (general/unspecified)</b>	
<b>Service Description</b>	<b>Prior Authorization Requirements</b>
ALL Unlisted Testing	All related codes
ALL Temporary ("T") codes	All related codes
ALL Out of Network testing	All related codes
Polysomnography (Sleep studies)	All related codes
Neuropsychiatric testing	All related codes
Genetic testing	All related codes
Uterine monitoring, home (via Matria)	All related codes

## IMAGING PROCEDURES

Service Description	Prior Authorization Requirements
ALL Out of Network services	All related codes
ALL Temporary ("T") codes	All related codes
ALL "Unlisted" (CPT) services	All related codes
Biophysical Profile (OB Ultrasounds)	All related codes
MRI	All related codes
MRA	All related codes
Nuchal Translucency (OB ultrasounds)	All related codes
PET	All related codes
CT heart and CT angiogram	All related codes
Level II Ultrasounds	All related codes
3-Dimensional Ultrasounds (3-D US)	All related codes
ALL ultrasounds beyond a quantity of two (2) per pregnancy (per total OB package)	All related codes

## DURABLE MEDICAL EQUIPMENT

The DME items listed in the grid below require formal medical necessity review in order to obtain prior authorization approval, where specified.

Please submit medical documentation to the HCA PA department.

Subcontractor OR Service Description	Prior Authorization Requirements
Preferred Home Care is the primary statewide contractor for the majority of all DME services	<b>Contract Preferred Home Care directly</b> 1-800-636-2123, or main phone number 480-446-9010) for all DME items.
<b>Additional service providers for the following DME items are also available with authorization:</b>	
Subcontractor OR Service Description	Prior Authorization Requirements
<b>Bone Growth Stimulators</b> EBI Biomet 1-800-526-2579 Orthofix 1-800-535-4492; Smith and Nephew 1-800-821-5700	All related codes
<b>Insulin Pumps</b> Animas Diabetes Care 1-877-937-7876; Direct Diabetic Supply 480-998-5551; Minimed Distribution Corp 1-800-933-3322	All related codes
<b>Cardiac event monitoring, outpatient</b> Life Watch	Does not require PA if Life Watch is utilized
<b>High Frequency Chest Wall Oscillation vests</b> Respiritech 651-379-8999	All related codes
<b>Wearable Cardiac Defibrillator</b> Zoll Lifecor Corporation - "Lifevest" 1-800-543-3267)	All related codes
<b>Negative Pressure Wound Therapy</b> (i.e. Wound Vacs) KCI USA 1-888-275-4524	All related codes
Out of Network service providers may be considered by the PA Department if medically necessary services cannot be provided in-network	All related codes; To be considered, the provider must have or be willing to obtain, a valid and current AHCCCS ID number.

## ORTHOTICS AND PROSTHETICS

**Order through the following contracted service providers who will dispense and/or obtain necessary prior authorizations**

### Prior Authorization Requirements

Advanced Prosthetics & Orthotics 928-344-0030	All related codes
Artisan Prosthetics 1-877-755-9499	All related codes
Fikes Orthotics, Brace and Limb 480-981-7393	All related codes
Fikes Orthopedic Specialists 928-532-5822	All related codes
Hamilton Prosthetic Center 602-395-3354	All related codes
Hanger Prosthetic and Orthotic 1-877-442-6437	All related codes
McCleve Orthotics and Prosthetics 480-981-6767	All related codes
Pongratz Orthotic and Prosthetics 602-222-3032	All related codes

## PHARMACY

### Service Description

### Prior Authorization Requirements

Common oral medications	Utilize the HCA formulary as administered by Express Scripts, Inc. See the HCA website, under "Formulary": <a href="http://www.HealthChoiceAZ.com">www.HealthChoiceAZ.com</a>
Specialty medications	Utilize the HCA formulary, as administered by Cura Scripts. See the HCA website, under "Formulary": <a href="http://www.HealthChoiceAZ.com">www.HealthChoiceAZ.com</a>
Specialty medications (injectable; infusion; implantable) which may be provided in a contracted Provider office with authorization	See medication grid below* [NOTE - Oral specialty drugs (i.e. Tarceva; Gleevec) must always be provided by the HCA contracted PBM]
Specialty medications – Single source	For ALL specialty drugs which utilize a sole source "hub" or single specialty drug provider, contact the HCA PA department/Pharmacy Director
Synagis (palivizumab)	Utilize the HCA contracted service providers (Los Ninos for Maricopa County, Metropolitan Flagstaff and Tucson; Cura Scripts for all other counties) AND the HCA Eligibility Assessment Form located in Chapter 16 of the Provider Manual, Exhibit 16-6.
<b>ALL Drugs identified by unlisted J-codes</b>	<b>All unlisted (or "miscellaneous") drugs</b>
ALL Out of Network requested services	Out of Network service providers may be considered by the PA Department if medically necessary services cannot be provided in-network. To be considered, the provider must have or be willing to obtain, a valid and current AHCCCS ID number.

**"Specialty" medications (injectable; infusion; implant) which may be provided in a contracted Provider office with authorization:**

Medication description	J Code
ADALIMUMAB (HUMIRA)	J0135
17 ALPHA-HYDROXYPROGESTERONE CAPROATE (GESTIVA)	J3490
ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG (PROLASTIN)	J0256

<b>Medication description</b>	<b>J Code</b>
ALPHANATE – FACTOR VIII	J7186
ANIDULAFUNGIN, 1 MG (ERAXIS)	J0348
ABATACEPT 250 MG (ORENCIA)	J0129
APREPITANT, ORAL, 5 MG (EMEND)** SEE FOOT NOTE	J8501
BORTEZOMIB, 0.1 MG (VELCADE)	J9041
BEVACIZUMAB, 10 MGA (AVASTIN)	J9035
CETUXIMAB, 10 MG (ERBITUX)	J9055
DALTEPARIN SODIUM (FRAGMIN) * SEE FOOT NOTE	J1645
DAPTOMYCIN, 1 MG (CUBICIN)	J0878
DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) (ARANESP)	J0881
DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS) (ARANESP)	J0882
DEFEROXAMINE MESYLATE, 500 MG (DESFERAL)	J0895
DESMOPRESSIN INJ. (DDAVP)	J2597
DOLASETRON MESYLATE, ORAL, 10 MG (ANZEMET) ** SEE FOOT NOTE	J1260
ENFUVRTIDE (FUZEON)	J1324
ENOXAPARIN SODIUM, 10 MG (LOVENOX)* SEE FOOT NOTE	J1650
EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS) (EPOGEN/PROCRIT)	J0886
EPOETIN ALFA, 1000 UNITS (FOR NON-ESRD USE) (EPOGEN/PROCRIT)	J0885
EPOPROSTENOL, 0.5 MG ((FLOLAN/GENERIC EPOPROTENOL)	J1325
ERTAPENEM SODIUM, 500 MG (INVANZ)	J1335
ETANERCEPT, 25 MG (ENBREL – SPECIALTY PHARMACY DELIVERY)	J1438
ETONOGESTREL IMPLANT, 68 MG (IMPLANON)	J7307
ETOPOSIDE (TOPOSAR)	J9181 & J9182
FILGRASTIM (G-CSF), 300 MCG (NEUPOGEN)	J1440
FILGRASTIM (G-CSF), 480 MCG (NEUPOGEN)	J1441
GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC (GAMMAR/GAMASTAN)	J1560
GANCICLOVIR SODIUM, 500 MG (CYTOVENE)	J1570
GEMCITABINE, 200 MG (GEMZAR)	J9201
GRANISETRON, INJ., 100 MCG (KYTRIL) ** SEE FOOT NOTE	J1626
GRANISETRON, ORAL, 1 MG (KYTRIL) ** SEE FOOT NOTE	S0091
HISTRELIN IMPLANT, 50 MG (SUPPRELIN LA/VANTUS)	J9225 J9226
HYALURONIAN (SODIUM HYALURONATE) FOR G F 20, HYALGAN, HYLAN, PROVISC, EUFLEXXA, SUPARTZ, & SYNVISIC PRODUCTS	J7321 J7322 J7323 J7324
IBANDRONATE SODIUM, 1MG, INJ (BONIVA)	J1740
IMIGLUCERASE, PER UNIT (CEREZYME)	J1785
IMMUNE GLOBULIN IM (GAMMAR/GAMASTAN, S/D)	J1560
IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), 500 MG (CARIMUNE)	J1566
IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG (OCTAGAM)	J1568
IMMUNE GLOBULIN, INTRAVENOUS, 500 MG (FLEBOGAMMA)	J1459, J 1572
INFLIXIMAB, 10 MG (REMICADE)	J1745
INTERFERON ALFA -2A (PEGASYS)	J9213
INTERFERON ALFA – 2B (INTRON A/REBTRON KIT)	J9214
INTERFERON BETA-1A (AVONEX)	J1825
IRON DEXTRAN, 50 MG (InFED) HCA PREFERRED IRON PRODUCT	J1750
IRON SUCROSE, 1 MG (VENOFER)	J1756
LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 3.75 MG (ELIGARD/LUPRON, LUPRON-3/LUPRON-4/LUPRON DEPOT)	J1950
LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG (ELIGARD/LUPRON DEPOT)	J9217
LINEZOLID, INJ, 200MG (ZYVOX)	J2020

<b>Medication description</b>	<b>J Code</b>
LINEZOLID, ORAL, 600 MG (ZYVOX)	
MEROPENEM, 100 MG (MERREM)	J2185
NATALIZUMAB, 1 MG (TYSABRI)	J2323
OCTREOTIDE, NON-DEPOT FORM FOR INTRAMUSCULAR INJECTION, 25mcg (SANDOSTATIN)	J2354
OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (SANDOSTATIN LAR)	J2353
ONDANSETRON, HCL, INJ., PER 1 MG (ZOFTRAN) ** SEE FOOT NOTE	J2405
ONDANSETRON HCL, ORAL, PER 4 MG (ZOFTRAN) ** SEE FOOT NOTE	S0181
PALIVIZUMAB 50 MG (SYNAGIS)	J3490
PAMIDRONATE DISODIUM, PER 30 MG (ARELIA)	J2430
PALONOSETRON HCL, INJ, 25 MCG (ALOXI) ** SEE FOOT NOTE	J2469
PALONOSETRON HCL, ORAL, 0.5 MG (ALOXI) ** SEE FOOT NOTE	
PANITUMUMAB 10 mg (VECTIBIX)	J9303
PIPERACILLIN/TAZOBACTAM 1 GRAM/0.125 GRAMS (ZOSYN)	J2543
PEGFILGRASTIM, 6 MG (NEULASTA)	J2505
RENIBIZUMAB, 0.5MG (LUCENTIS)	J2778
RITUXIMAB, 100 MG (RITUXAN)	J9310
SARGRAMOSTIM (GM-CSF), 50 MCG (LEUKINE)	J2820
SOMATROPIN, 1 MG (HUMATROPE/GENOTROPIN NUTROPIN/BIOTROPIN/GENOTROPIN/GENOTROPIN MINIQUICK/NORDITROPIN/NUTROPIN/ NUTROPIN AQ, SAIZEN/SAIZEN SOMATROPIN RDNA/SEROSTIM/SEROSTIM RDNA/ZORBTVIE)	J2941
TERIPARATIDE 250 MCG (FORTEO)	J3110
TESTOSTERONE CYPIONATE, 1 CC, 200 MG (DEPO TESTOSTERONE)	J1080
TESTOSTERONE SUSPENSION, UP TO 50 MG	J3140
TESTOSTERONE CYPIONATE, UP TO 100 MG (DEPO TESTOSTERONE)	J1070
TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML (DEPO-TESTADIOL)	J1060
TESTOSTERONE ENANTHATE, UP TO 100 MG (DELATESTRYL)	J3120
TESTOSTERONE ENANTHATE, UP TO 200 MG (DELATESTRYL)	J3130
THYROTROPIN 0.9 MG, (THYROGEN)	J3240
TOBRAMYCIN, INHALATION SOLUTION, 300MG (TOBI)	J7682
TREPROSTINIL, 1 MG (REMODULIN)	J3285
TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, ADMINISTERED THROUGH DME	J7683
ZOLEDRONIC ACID, 1 MG (ZOMETA)	J3487
UNCLASSIFIED DRUGS	J3490
UNCLASSIFIED BIOLOGICS	J3590
UNCLASSIFIED ANTINEOPLASTIC DRUGS	J9999

\* Enoxaparin (Lovenox) J1650 and Dalteparin (Fragmin) J1645 are HCA approved (without PA) for up to a 10 day supply or 20 syringes (whichever is less). Therapy for greater than 10 days or 20 syringes, require HCA PA and maybe distributed from the HCA Specialty Pharmacy.

\*\* No PA needed when contracted Hematologist/Oncologist administers in office or facility based therapy.

## DENTAL

The dental services listed in the grid below require formal medical necessity review in order to obtain prior authorization approval.

Please submit supporting documentation to the HCA Dental department.

Service Description	Dental Codes
Extraoral Films	D0250-D0260
Diagnostic Procedures	D0277-D0322
Diagnostic Procedures	D0340-D0999
Space Maintainers (except when emergency extraction has been performed)	D1510-D1550
Resin Based Composite Crown	D2390
Crowns	D2710-D2799
Stainless Steel/Acrylic Crowns (except emergencies)	D2930-D2934
Post & Cores, Other Restorative Procedures	D2950-D2999
Pulpal Therapy (except emergencies)	D3110-D3240
Root Canal Therapy (except emergencies)	D3310-D3340
Retreatment of RCT	D3346-D3348
Other Endodontic Procedures	D3350-D3999
All Periodontal Treatment	D4000-D4999
All Removable Prosthetics (i.e. full or partial dentures)	D5000-D5899
All Maxillofacial Prosthetics	D5900-D5999
All Fixed Prosthodontics, except D6930	D6900-D6999
All Surgical Procedures (except for emergencies)	D7210-D7999
All Orthodontic Procedures	D8000-D8999
Palliative Treatment (requires retrospective review)	D9110
General Anesthesia	D9220-D9221
Sedation	D9241-D9248
Adjunctive Procedures	D9310-D9420
Other Adjunctive Procedures, including other drugs and behavioral management.	D9951-D9999

### AHCCCS NON-COVERED SERVICES

The following are some examples of more commonly requested services which are not covered under the AHCCCS Medicaid program (as of the date of this publishing)

<b>Service Description</b>	<b>Non-covered benefit</b>
Cosmetic Procedures - ALL	All related codes
Dental services for adults –ALL non-emergent service	All related codes
Disability Certifications / Evaluations	All related codes
Experimental/Investigational Procedures	All related codes
Hearing Aids for members who are 21 years of age and older	All related codes
Infertility care - ALL	All related codes
Prescriptive lenses for members who are 21 years of age and older (except if medically necessary following cataract removal)	All related codes
Personal care items (unless needed to treat a medical condition). Exception: AHCCCS covers incontinence briefs for person over 3 and under 21 as described in AHCCCS Policy 430	All related codes
Psychiatrist / Psychologist	All related codes
Temporomandibular Joint Dysfunction evaluation and treatments	All related codes
Tubal Ligation/sterilization procedures for members under 21 years of age	All related codes
Penile implants or vacuum devices for AHCCCS members who are 21 years of age or older	All related codes

**EXPERIMENTAL / INVESTIGATIONAL**

*AHCCCS does not cover experimental and/or investigational services*

<b>Service Description</b>	<b>Non-covered benefit</b>
<p><b>ANY service which a requesting provider suspects may not be a covered service due to experimental/investigational status, should first seek PA approval.</b></p> <p>HCA considers services to be either experimental and/or investigational based upon the currently accepted community standard of medical care, and standards set by AHCCCS, InterQual (Care Planning Criteria), CMS National Coverage Determinations, Hayes, Inc., Up To Date, and by other major national insurance carriers.</p> <p>(left blank)</p>	<p>All related service codes</p>

<b>Service Description</b>	<b>Non-covered benefit</b>
<p><b>EXPERIMENTAL / INVESTIGATIONAL (cont)</b></p> <p>AHCCCS members who are enrolled with a Contractor may participate in experimental treatment, but no expenses associated with the experimental treatment are covered by AHCCCS.</p> <p>If the experimental treatment provided to an AHCCCS member requires laboratory or imaging services, inpatient or other medical services, AHCCCS will not cover the additional services. Coverage of care associated with complications resulting from the experimental treatment will be considered on an individual basis, but treatments of direct toxic effects are not covered. Participation in experimental treatment will not result in the loss of the member's other benefits.</p> <p>The member's primary care provider must not have any financial interest in the experimental treatment and cannot accept a finder's fee for referral of a member to participate in the experiment.</p> <p>Any individual expected to assess the appropriateness of services for the member cannot have a financial interest in conducting the experimental treatment, or its outcome.</p> <p>Participation in a U.S. Food and Drug Administration Phase I or Phase II clinical trial must be approved by the member's Contractor, or by the AHCCCS Medical Director. If a Contractor approves participation of one or more members in an experimental trial, it must provide notice to AHCCCS/Division of Health Care Management (DHCM) and the AHCCCS Medical Director which includes assurance that the member's rights are protected and that no costs will be covered by AHCCCS. FFS member participation will be evaluated for approval by the AHCCCS Medical Director. The basis for approval will include:</p> <ul style="list-style-type: none"> <li>➤ Verification that full financial liability for the experimental treatment is taken by the researcher or the sponsor, and documentation indicates that the costs associated with the experimental treatment and direct complications or other toxic effects will not be charged to, or paid by, AHCCCS</li> <li>➤ The experimental treatment regimen is well designed, and adequate protection of the member's welfare is assured. The trial provides adequate participant information, assures participant consent, and</li> <li>➤ AHCCCS Contractor employees or network providers cannot receive fees, finder's fees or other payment for referring members or providing services as a part of the experimental treatment.</li> </ul>	<p>All related service codes</p>

**SERVICES WITH SPECIAL AHCCCS CONSIDERATIONS**

<b>Service Description</b>	<b>Prior Authorization Requirements</b>
<p><b>Hysterectomy</b> – AHCCCS Medical Policy Manual, Chapter 300</p>	<p>AHCCCS does not cover a hysterectomy procedure if it is performed solely to render the individual permanently incapable of reproducing.</p> <p>Coverage of hysterectomy services is limited to those cases in which medical necessity has been established by careful diagnosis, and, except for treatment of carcinoma and/or management of life-threatening hemorrhage, has been preceded by a trial of therapy (medical or surgical), which was proven unsatisfactory.</p> <p>Hysterectomy services may be considered medically necessary without trial of therapy in the following cases: Invasive carcinoma of the cervix; Ovarian carcinoma; Endometrial carcinoma; Carcinoma of the fallopian tube; Malignant gestational trophoblastic disease; Life-threatening uterine hemorrhage, uncontrolled by conservative therapy; or Potentially life-threatening hemorrhage as in cervical pregnancy, interstitial pregnancy, or placenta abruption.</p> <p>The provider performing hysterectomy procedures must ensure the member is aware that the procedure will result in sterility. The member must signify by dated signature that she has been informed and understands the consequences of having a hysterectomy. This documentation must be kept in the member’s medical record. A copy must also be kept in the member’s medical record maintained by the primary care provider.</p> <p>The provider is not required to complete a “Consent to Sterilization” form prior to performing hysterectomy procedures and the 30 day waiting period required for sterilization does not apply to hysterectomy procedures.</p>

<b>Service Description</b>	<b>Prior Authorization Requirements</b>
<p><b>HIV/ AIDS treatment services-</b></p> <p>AHCCCS Medical Policy Manual, Chapter 300</p>	<p>AHCCCS requires HCA to follow the Centers for Disease Control and Prevention (CDC) guidelines for the treatment of HIV/AIDS. It is the responsibility of each Contractor to distribute these guidelines, and all updates, to HIV/AIDS treatment professionals included in their network.</p> <p>Contractors must ensure that the care for members diagnosed with HIV/AIDS, who are receiving services specified by and in accordance with the guidelines set by AHCCCS, is well coordinated and managed in collaboration with the member's treating physician.</p> <p><u>HIV/AIDS TREATMENT PROFESSIONALS</u></p> <p>A qualified HIV/AIDS treatment professional, for the purpose of this policy, is defined as a physician or practitioner who:</p> <ol style="list-style-type: none"> <li>1. Is recognized in the community as having a special interest, knowledge and experience in the treatment of HIV/AIDS,</li> <li>2. Agrees to adhere to CDC treatment guidelines for HIV/AIDS,</li> <li>3. Agrees to provide primary care services and/or specialty care to AHCCCS members with HIV/AIDS,</li> <li>4. Demonstrates ongoing professional development by clinically managing at least five patients with HIV/AIDS during the last year, and</li> <li>5. Meets one of the criteria below: <ol style="list-style-type: none"> <li>a. Current Board Certification or Recertification in Infectious Diseases, or</li> <li>b. Annual completion of at least ten hours of HIV/AIDS-related Continuing Medical Education (CME), which meet the CME requirements under Arizona Administrative Code (A.A.C.) R4-16-101.</li> </ol> </li> </ol> <p>A physician or practitioner not meeting the criteria to be a qualified HIV/AIDS treatment professional who wishes to provide primary care services to a member with HIV/AIDS must send documentation to the Contractor demonstrating that s/he has an established a consultative relationship with a physician who meets the criteria for a qualified HIV/AIDS treatment professional as identified in this policy.</p> <p>This documentation should be maintained in the Contractor's credentialing file. These practitioners may treat members with HIV/AIDS under the following circumstances: In geographic areas where the incidence of members with HIV/AIDS is low, and/or where there are no available AHCCCS-registered network HIV/AIDS treatment professionals meeting these criteria, OR when a member with HIV/AIDS chooses a provider who does not meet the criteria.</p>

Service Description	Prior Authorization Requirements
<p data-bbox="190 233 428 300"><b>Pregnancy Terminations</b></p> <p data-bbox="190 331 428 436">AHCCCS Medical Policy Manual, Chapter 400</p>	<p data-bbox="428 233 1435 300">AHCCCS covers pregnancy termination if one of the following conditions are present:</p> <ol data-bbox="428 331 1435 871" style="list-style-type: none"> <li>1. The pregnant member suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician, place the member in danger of death unless the pregnancy is terminated.</li> <li>2. The pregnancy is a result of rape or incest.</li> <li>3. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or mental health problem for the pregnant member by:               <ol data-bbox="428 640 1435 871" style="list-style-type: none"> <li>a. Creating a serious physical or mental health problem for the pregnant member</li> <li>b. Seriously impairing a bodily function of the pregnant member</li> <li>c. Causing dysfunction of a bodily organ or part of the pregnant member</li> <li>d. Exacerbating a health problem of the pregnant member, or</li> <li>e. Preventing the pregnant member from obtaining treatment for a health problem.</li> </ol> </li> </ol> <p data-bbox="428 903 1435 1071">The attending physician must acknowledge that a pregnancy termination has been determined medically necessary by submitting the <b>Certificate of Necessity for Pregnancy Termination</b>. The Certificate must certify that, in the physician's professional judgment, one or more of the above criteria have been met.</p> <p data-bbox="428 1102 1435 1312">The provider must also keep a written informed consent must be obtained by the provider and kept in the member's chart for all pregnancy terminations. If the pregnant member is younger than 18 years of age, or is 18 years of age or older and considered an incapacitated adult (as defined in A.R.S. § 14-5101), a dated signature of the pregnant member's parent or legal guardian indicating approval of the pregnancy termination procedure is required.</p> <p data-bbox="428 1344 1435 1470">When the pregnancy is the result of rape or incest, documentation must be obtained that the incident was reported to the proper authorities, including the name of the agency to which it was reported, the report number if available, and the date the report was filed.</p>

Service Description	Prior Authorization Requirements
<p><b>Sterilization procedures</b> (all types) –</p> <p>AHCCCS Medical Policy Manual, Chapter 400</p>	<p>Sterilization of a member can occur when:</p> <ol style="list-style-type: none"> <li>1. The member is at least 21 years of age at the time the consent is signed.</li> <li>2. Mental competency is determined</li> <li>3. Voluntary consent was obtained without coercion</li> <li>4. Thirty days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of a premature delivery or emergency abdominal surgery, or</li> <li>5. Members may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since they gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.</li> </ol> <p>Any member requesting sterilization must sign an appropriate consent form with a witness present when the consent is obtained. Suitable arrangements must be made to ensure that the information in the consent form is effectively communicated to members with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds, as well as members with visual and/or auditory limitations. Prior to signing consent form member must first have been offered factual information including:</p> <ol style="list-style-type: none"> <li>1. Consent form requirements</li> <li>2. Answers to questions asked regarding the specific procedure to be performed</li> <li>3. Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care and/or loss of federally funded program benefits</li> <li>4. A description of available alternative methods</li> <li>5. A full description of the discomforts and risks that may accompany or follow the performing of the procedure including an explanation of the type and possible effects of any anesthetic to be used</li> <li>6. A full description of the advantages or disadvantages that may be expected as a result of the sterilization</li> <li>7. Notification that sterilization cannot be performed for at least 30 days post consent</li> </ol> <p>Sterilization consents may <b>NOT</b> be obtained when a member:</p> <ol style="list-style-type: none"> <li>1. Is in labor or childbirth</li> <li>2. Is seeking to obtain, or is obtaining, a pregnancy termination, or</li> <li>3. Is under the influence of alcohol or other substances that affect that member's state of awareness.</li> </ol>