

# PRIOR AUTHORIZATION GUIDELINES UPDATE



## CHANGES TO THE HEALTH CHOICE ARIZONA, HEALTH CHOICE GENERATIONS, AND HEALTH CHOICE INTEGRATED CARE PA GRIDS EFFECTIVE 4/1/2017

The following list is not the full list of changes, please consult each PA Grid to see a complete list of prior authorization requirements.

- Specialist office visits (except Pain Management and Bariatric and Maternal Fetal Medicine consults and Chiropractic) no longer require prior authorization.
- All Podiatry office based procedures require prior authorization –Routine diabetic foot care does not require prior authorization.
- All authorizations will be for 90 days only – no extensions will be granted.
- Allergy Testing/Immunology in children no longer requires prior authorization. **Allergy Testing/Immunology is not covered for ages 21 and older (Except Anaphylaxis/Life Threatening reaction).**
- All genetic testing requires prior authorization except: Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations.
- Hospice & Dialysis require notification only.
- All ambulatory surgical center (place of service 24) procedures require prior authorization.
- Sterilizations will no longer require prior authorization – the federal consent form will need to be sent in with claims.
- All therapies require prior authorization (PT ,OT, ST, Nutrition, Cardiac & Pulmonary).
- Wound Vacs need to go through Preferred Homecare.
- Hyperbaric Wound Therapy requires prior authorization.
- All requests need to be on the current Prior Authorization request form.
- Current and correct clinical documentation needs to be submitted with the Prior Authorization request.



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# PRIOR AUTHORIZATION FAQS



**Q: Do ALL Hospital Outpatient services require a Prior Authorization?**

**A:** No, A Prior Authorization is not required for outpatient services (place of service 22) unless the services are listed on the Prior Authorization Grid.

**Q: Which Prior Authorization Grid will be referenced for Prior Authorization requests received prior to April 1st but a decision has not been made?**

**A:** The date of service listed on the Prior Authorization request will determine which Prior Authorization Grid is used. All dates of services of April 1st or after will be considered with the new Prior Authorization Grid.

**Q: Does a physician or group need to resubmit Prior Authorization requests for determinations made prior to April 1st?**

**A:** No, Any Prior Authorization determined prior to April 1st will be covered.

**Q: If the procedure is being done at an Ambulatory Surgery Center (place of service 24), is a Prior Authorization required?**

**A:** Yes, a Prior Authorization is required.

**Q: If the Ambulatory Surgery Center (place of service 24) is owned by the hospital, is a Prior Authorization required?**

**A:** Yes, a Prior Authorization is required.

**Q: Who needs to submit the Prior Authorization request?**

**A:** Only the ordering/requesting physician can submit the request for authorization.

**Q: Can a Hospital or Ambulatory Surgery Center submit a Prior Authorization request?**

**A:** No, the Prior Authorization request must come from the ordering/requesting physician.



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