

Chapter 6

Authorizations



**This Page
Intentionally
Left Blank**



AUTHORIZATIONS

The AHCCCS Prior Authorization Unit does not authorize acute care services provided by Indian Health Service (IHS) and 638 tribal providers. Many ALTCS services do require authorization from the recipient's case manager. (See Chapter 14, ALTCS Services).

Non-IHS/ 638 tribal providers must obtain prior authorization from the AHCCCS PA Unit. Please see Chapter 8, Authorizations, of the *AHCCCS Fee-For-Service Provider Manual*. The manual is available on the AHCCCS Web site at www.azahcccs.gov.

Prior to 8/2/2011:

Prior authorization must be obtained from the AHCCCS PA unit unless otherwise noted.

- Elective (including urgent) inpatient hospital admissions
- Elective (including urgent) surgeries
 - ✓ The surgeon and the facility must obtain separate authorizations.
- Nursing home placement
- Non-emergent medically necessary transportation over 100 miles
- Durable medical equipment purchases \geq \$300.00 and medical supplies \geq \$100.00
- Non-emergent dental services
 - ✓ Covered for EPSDT recipients only

Claims may be reviewed for medical necessity and compliance with AHCCCS rules, policies, and procedures.

Effective 8/2/2011:

Pursuant to R9-22-204, 211 and 215 the following list identifies acute services requiring prior authorization. ALTCS authorization requirements are discussed in Chapter 21, ALTCS Services

- Abortions
- Ambulatory surgery centers
- Apnea management and training (excluding the first 12 months of life)
- Acute Behavioral health services for Tribal ALTCS members
- Dental services

- DME and supplies
- Home health services
- Hospital admissions (non FES members)
- Hysterectomy services
- Transplant services
- Non-emergency transportation greater than 100 miles
- Nursing facilities
- Observation services > 23 hours (non-FES)
- Podiatry- for adult recipients 21 years of age not covered
- Surgeons
- Total parenteral nutrition (TPN)

Pursuant to R9-22-204, 211 and 215 the following list identifies acute services that no longer require prior authorization:

- Voluntary sterilization
- Dialysis shunt placement
- Arteriovenous graft placement for dialysis
- Angioplasties or thrombectomies of dialysis shunts
- Angioplasties or thrombectomies of arteriovenous grafts for dialysis
- Eye surgery for the treatment of diabetic retinopathy
- Eye surgery for the treatment of glaucoma
- Eye surgery for the treatment of macular degeneration
- Home health visits following an acute hospitalization (limited up to five visits)
- Hysteroscopy's (up to 2, one before and one after) when associated with a family planning diagnostic code and done within 90 days of hysteroscopic sterilization
- Physical therapy up to 15 outpatient visits per benefit year



- Facility services related to wound debridement
- Apnea management and training for premature babies up to the age of one
- Hospitalization for vaginal delivery that does not exceed 48 hours
- Hospitalization for cesarean section delivery that does not exceed 96 hours
- Other services identified by the Administration through the Provider Participation Agreement

Please refer to the AHCCCS Medical Policy Manual (AMPM) at www.azahcccs.gov for specific covered services.

REFERRALS

Referrals are no longer required from the IHS/638 facilities.



This Page
Intentionally
Left Blank