

Revision Dates: 10/1/2018; 4/26/18; 2/15/18

General Information

AHCCCS members enrolled with the American Indian Health Program (AIHP) may receive services from Indian Health Services (IHS), tribally operated 638 facilities, or AHCCCS Fee-for-Service providers. Prior authorization requirements may vary based on the type of service being received and the location of the service.

No Prior Authorization is required for Title XIX members receiving services at an IHS or 638 facility.

Title XXI (KidsCare) members and Tribal ALTCS/ALTCS members may require prior authorization for certain services.

For prior authorization of services for Title XXI (KidsCare) members enrolled in an AHCCCS Complete Care (ACC) health plan please contact the ACC health plan.

For Title XXI (KidsCare) members enrolled in the AIHP and receiving services at an IHS or 638 facility:

- For pharmacy related services please contact the Pharmacy Benefit Manager (PBM) for prior authorization requirements, and
- For all other services, no PA is required.

Note: The current PBM is Optum Rx.

Many ALTCS services require prior authorization from the member's case manager. For additional information regarding what services require prior authorization please refer to Chapter 14, ALTCS Services, of the IHS/Tribal Provider Billing Manual.

For specific information pertaining to prior authorization of services for Title XIX members obtained at non-IHS/638 facilities please refer to Chapter 8, Prior Authorization, of the Fee-For-Service Provider Billing Manual.

Prior Authorization Grid

Program/Location Services Received At	IHS/638 Provider	Non-IHS/638 Provider
Title XIX Members	No PA Required	PA may be required
Title XXI (KidsCare) Members enrolled in an AHCCCS Complete Care (ACC) health plan	Contact the ACC health plan for PA requirements	PA may be required from the ACC health plan
Title XXI (KidsCare) Members enrolled in AIHP	No PA Required for non-pharmacy services. Contact the PBM for PA requirements for pharmacy services.	PA may be required from the AHCCCS Administration
ALTCS Members	PA may be required from the Case Manager	PA may be required from the Case Manager
Tribal ALTCS Members	PA may be required from the Tribal Case Manager	PA may be required from the Tribal Case Manager

Referrals

Referrals are not required from IHS/638 facilities.

References

Refer to the Prior Authorization webpage for the most up-to-date, current information regarding the PA process and services that require PA for Title XIX members, when seen at a non-IHS/638 facility, and for Title XXI members, which can be found at:

<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/index.html>

Refer to AMPM 820, Prior Authorization Requirements, for further information regarding covered services and those services requiring prior authorization.

Refer to the IHS/Tribal Provider Billing Manual, Chapter 10, Pharmacy Services, for additional information about prior authorization for pharmacy services.

Refer to Exhibit 10-1 in the IHS/Tribal Provider Billing Manual, under the Pharmacy Services chapter, for the prior authorization form for OptumRx.

Refer to the Fee-For-Service Provider Billing Manual, Chapter 8, Prior Authorizations, for additional information about what services require prior authorization for Title XIX members when seen at a non-IHS/638 provider.

Revision History

Date	Description of Change(s)	Page(s)
10/1/2018	“MCO” changed to “AHCCCS Complete Care health plan”	All
4/26/18	The link to the FFS Prior Authorization webpage was added.	2
2/15/18	General Information section added	1
	Prior Authorization Grid Added	2
	References section added	2
	Updated links	All
	Formatting	All