AHCCCS Arizona Health Care Cost Containment System

AHCCCS MEDICAL POLICY MANUAL

EXHIBIT 1620-20 - PRIOR AUTHORIZATIONS OF SERVICES FOR ALTCS MEMBERS

Services provided to ALTCS E/PD and Tribal ALTCS members receiving Home and Community Based Services (HCBS) require authorization by the Contractor, the AHCCCS Tribal ALTCS Program for Tribal ALTCS members, or the member's Primary Care Provider (PCP) and/or AHCCCS as follows:

SERVICE	PRIMARY CARE PROVIDER (PCP) ORDERS (ALTCS CONTRACTOR FOR ENROLLED MEMBERS)		AHCCCS PRIOR AUTHORIZATION (PA) (FFS MEMBERS ONLY)	CONTRACTOR SERVICE AUTHORIZATION	
	E/PD	DDD	E/PD	E/PD	DDD^1
ACUTE HOSPITAL ADMISSION (NON- MEDICARE ADMISSION)	Х	х	Х	Х	Х
ADULT DAY HEALTH SERVICES				Х	N/A
ATTENDANT CARE				Χ	Χ
BEHAVIORAL HEALTH SERVICES	Х	Х		Х	Х
COMMUNITY TRANSITION SERVICE			х	Х	Х
EMERGENCY ALERT	Χ	X		Χ	Χ
HABILITATION				Х	Х
HOME DELIVERED MEALS				Χ	Χ
HOME HEALTH AGENCY SERVICES	Х	Х		Χ	Х
HOME MODIFICATIONS	Х	Х	X	Χ	Х
HOMEMAKER SERVICES				Х	Х
HOSPICE SERVICES (HCBS AND INSTITUTIONAL) [NON-MEDICARE]	Х	х		Х	Х
INTERMEDIATE CARE FACILITIES (ICF)	N/A	Х		N/A	Х
MEDICAL EQUIPMENT/ MEDICAL SUPPLIES	Х	Х	X ²	Х	Х
NURSING FACILITY SERVICES	Х	Х		Х	Х
PHYSICAL HEALTH CARE ACUTE SERVICES	Х	х	Х	Х	Х
PERSONAL CARE				Х	Х
PERSONAL CARE IN ACUTE CARE HOSPITALS			Х	Х	Х
PRIVATE DUTY NURSING	Х	Х	X	Х	Х
RESPITE CARE (IN-HOME)				Х	Х
RESPITE CARE (INSTITUTIONAL)	Х	Х		Х	Х
THERAPIES	Х	Х		Х	Х
TRANSPORTATION				Х	Х

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Effective Dates: 10/01/17, 11/27/19, 08/01/24

Approval Dates: 06/01/00, 10/01/01, 11/01/04, 03/01/06, 02/01/11, 07/01/12, 03/01/14, 07/20/17, 11/07/19,

05/16/24



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¹ Some services are provided by and, therefore, authorized by DDD subcontracted health plans.

² Medical equipment over \$500 for Tribal ALTCS FFS members require approval from AHCCCS/DFSM/Tribal ALTCS Clinical Team via the Tribal case manager. Medical Equipment from \$300 to \$499 requires approval from the Tribal ALTCS FFS case manager.