

CHAPTER 17 - PRIOR AUTHORIZATION REQUIREMENTS

REVISION DATE: 5/26/2017, 6/17/2016, 4/16/2014

EFFECTIVE DATE: March 29, 2013

REFERENCES: AHCCCS Medical Policy Manual

The Division of Developmental Disabilities (Division) adheres to the prior authorization guidelines and timelines available in the AHCCCS Medical Policy Manual. The Division will no longer process requests for prior authorization of medical services after the services are rendered. The Division will process standard authorization requests within 14 calendar days of the physician's order. The Division will process expedited authorization requests within three working days of the physician's order. When the standard time frame could seriously jeopardize the member's life, health, or ability to attain, maintain or regain maximum function, the expedited process is implemented.

To receive prior authorization for acute care services for a member of the Division who is enrolled with an acute care health plan, providers should contact the prior authorization department of the member's acute care Health Plan.

To receive prior authorization for acute care services for a member of the Division who is enrolled with the American Indian Health Program (AIHP), providers should contact the Division's Health Care Services Prior Authorization Unit at the contact information below.

Health Care Services/Prior Authorization Unit
3443 North Central Avenue, Suite 600
Site Code 795M
Phoenix, Arizona 85005

(602) 771-8080 phone
(800) 624-4964 toll-free
(602) 238-9294 fax

The following services require prior authorization for members of the Division who are enrolled with AIHP.

A. Hospital Inpatient Services

Hospital inpatient services include:

1. Routine (regular) hospital care
2. Intensive care and coronary (heart) care
3. Intensive care for newborns
4. Maternity care, including labor, delivery and recovery rooms, and birthing centers
5. Nursery for newborns and infants
6. Surgery, including anesthesiology

7. Emergency mental health or addiction services
8. Medical supplies and equipment
9. Chemotherapy (cancer treatment)
10. Dialysis
11. Laboratory services
12. Pharmacy services and medicines
13. Radiological and medical imaging services
14. Total parenteral nutrition (feeding tube or intravenous feedings).

B. Medication

The AIHP may pay for medicines prescribed by a doctor (if the medicine is on the formulary).

Members of the Division who are enrolled in the AIHP can go to the following three places to get their medications:

1. Indian Health Service (IHS) facilities
2. 638 Tribal Facilities
3. Pharmacies that are part of the Med Impact Pharmacy Program.

Physician, dentist, or other health care provider may provide the prescription. Members are encouraged to fill the prescription at the same pharmacy each time. Some medicines require prior authorization (obtaining Med Impact approval first). The AHCCCS Fee-for-Service formulary is a list of approved medications for which the Division will pay; the Division will not pay for medicines that are not on the list.

C. Long Term Care Services

The Division provides care for members who are enrolled with the AIHP. Institutional care and home and community based services are provided to members of the Division who are enrolled with the AIHP who are at risk of institutionalization.

The following services are covered:

1. Medical services
2. Institutional services including:
 - a. Nursing Facilities (NFs) and Intermediate Care Facilities (ICFs)
 - b. Inpatient psychiatric facilities (RBCs) for members under age 21

- c. Home and Community Based Services (refer to the Service Approval Matrix on the Arizona Department of Economic Security website)
- d. Hospice services
- e. Mental health and substance abuse services
- f. Medical equipment and medical supplies
- g. Speech, physical, occupational therapies (in nursing facilities and alternative residential facilities and as part of HCBS).

D. Other Covered Services

Other covered services include:

- 1. Cancer treatment, including chemotherapy and radiation
- 2. Cardiovascular (heart and blood vessel) exams, tests, treatment, and surgery
- 3. Consultations
- 4. Critical care (intensive care units)
- 5. Emergency treatment
- 6. Female genital exams, treatment and surgery
- 7. Gastroenterology (intestinal tract and liver) exams, treatment, and surgery
- 8. General medical care and services
- 9. Hearing exams and services
- 10. Home services and home health services
- 11. Immune system exams and testing and treatment of immune disorders
- 12. Laboratory tests
- 13. Male and females genital system exams, treatment, and surgery
- 14. Medical/surgical supplies and equipment
- 15. Musculoskeletal (bone, joint, and muscle) exams, treatment and surgery
- 16. Nursing services
- 17. Nutrition therapy
- 18. Office visits
- 19. Orthopedic shoes and orthotics

20. Osteopathic treatment
21. Pulmonary (lung and breathing) exams, treatment, surgery, and rehabilitation
22. Radiology (ultrasound, x-rays, other scans)
23. Respite care
24. Speech testing and services
25. Surgical procedures
26. Telehealth services
27. Urinary system exams, treatment, and surgery.

E. Dental Services

The Division covers dental services provided by a licensed AHCCCS-registered dentist.

1. Covered dental services for children include:
 - a. Check-ups and sealants (prevention against cavities)
 - b. Emergency dental services
 - c. All medically necessary therapeutic dental services, including fillings.
2. Covered services for adults include medical and surgical services furnished by a licensed AHCCCS registered dentist only to the extent that such services:
 - a. May be performed under state law by either a physician or by a dentist (Adult dental services including anesthesia up to \$1,000 from October 1st through September 30th, starting CYE 2017) and
 - b. Would be considered physician services if furnished by a physician.

F. Dialysis Services

The AIHP pays for dialysis at certain Medicare-certified hospitals and Medicare-certified End Stage Renal Disease (ESRD) facilities and includes all medically necessary services, supplies, and testing (including regular laboratory testing).

G. Vision Services

The AIHP pays for vision services provided by ophthalmologists and optometrists. There are limits based on the member's age and eligibility.

H. Transportation for Medical Appointments

The AIHP pays for non-emergency medical transportation to and from covered medical appointments. A doctor or other health care provider may need to obtain approval (prior authorization) from the Division before transport.

I. Transportation From a Hospital to Another Facility

Prior authorization is required for round-trip ground ambulance transportation for members who require a transfer to another facility for special services if:

1. Use of any other type of transportation may be unsafe
2. Unable to obtain the needed services at the hospital where a member is currently located.

AHCCCS-contracted behavioral health providers must identify, and communicate to their subcontracted providers and eligible members, any behavioral health services that require authorization and the relevant clinical criteria required for authorization decisions.

The Service Approval Matrix for prior authorizations for Home and Community Based Services can be found on the Arizona Department of Economic Security website. Provider claims cannot exceed the hours documented on the *ALTCS Member Service Plan (DDD 1500A)*. Providers must deliver services/tasks based on the member's Planning Document including the Service Evaluation.