



## PRIOR AUTHORIZATION GUIDELINES BY CATEGORY

PH 602.778.1800 (provider menu = option 5)

FAX 602.778.1838

**ALL NEW, RE-SEQUENCED and CODES NOT LISTED REQUIRE PRIOR AUTHORIZATION, REGARDLESS OF PLACE OF SERVICE  
ALL NON-EMERGENT SERVICES PROVIDED BY A NON-PAR PROVIDER OR FACILITY REQUIRE PRIOR AUTHORIZATION**

Medical/Dental Covered Services	Special Comments	Prior Authorization Requirement
<b>Allergy Immunotherapy</b>	<ul style="list-style-type: none"> <li>No authorization is required for members under the age of 21</li> <li>*Allergy immunotherapy is not covered for members' age 21 years and older</li> </ul>	*Yes
<b>Dental Services</b>	<ul style="list-style-type: none"> <li><i>Including Dental Trauma</i></li> </ul>	Please refer to DentaQuest
<b>Dialysis</b>	<ul style="list-style-type: none"> <li>Notification required for the Initial start only</li> <li>*Notification is also required when Care1st is 2ndary</li> </ul>	*Yes
<b>DME</b>	<ul style="list-style-type: none"> <li>Obtain items by contacting Plan's preferred DME provider</li> <li>*Prior auth required for CRS members</li> <li>*Prior auth required when Care1st is 2ndary unless Medicare is primary</li> </ul>	*Yes
<b>Enteral/Tube Feed</b>	<ul style="list-style-type: none"> <li>Obtain services by contacting Plan's preferred Enteral provider</li> <li>*Prior auth required when Care1st is 2ndary unless Medicare is primary</li> </ul>	*Yes
<b>Experimental Procedures</b>	<ul style="list-style-type: none"> <li>Including clinical trial services</li> </ul>	Not Covered
<b>Home Health</b>	<ul style="list-style-type: none"> <li>Obtain services by contacting Plan's preferred Home Health provider</li> <li>*Prior auth also required when Care1st is 2ndary unless Medicare is primary</li> </ul>	* Yes
<b>Hospice/End of Life Services</b>		Yes
<b>Hospital Admissions</b>	<ul style="list-style-type: none"> <li>Fax notification to 602.778.8386 – Notification is required within 10-days of emergency admission</li> </ul>	Yes
<b>Home Infusion</b>	<ul style="list-style-type: none"> <li>Obtain services by contacting Plan's preferred Home Infusion provider</li> <li>*Prior auth required for IVIG and Remicaid</li> <li>*Prior auth required when Care1st is 2ndary unless Medicare is primary</li> </ul>	*Yes
<b>Observation</b>	<ul style="list-style-type: none"> <li>Fax notification to 602.778.8386</li> </ul>	Yes
<b>Obstetrical Care</b>	<ul style="list-style-type: none"> <li>All OB care requires authorization within 30 days of pregnancy confirmation</li> </ul>	Yes
<b>Orthotics &amp; Prosthetics</b>	<ul style="list-style-type: none"> <li>Obtain items by contacting Plan's preferred provider</li> <li>*Prior auth required when Care1st is 2ndary unless Medicare is primary</li> </ul>	*Yes
<b>Outpatient Procedures</b>	<ul style="list-style-type: none"> <li>All outpatient hospital medical &amp; diagnostic procedures require prior auth UNLESS the procedure is noted as not requiring prior authorization.</li> <li>Injectables noted as requiring prior authorization also require prior auth when performed in an outpatient hospital setting.</li> </ul>	Yes
<b>Pharmacy Services</b>	<ul style="list-style-type: none"> <li>Non-formulary drugs. Fax request to 602.778.8387</li> <li>*Excludes hemophilia factor - obtain medication by contacting CVS Specialty Pharmacy at 1.800.237.2767</li> </ul>	*Yes
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>Fax request to 602.778.8386</li> <li><i>90-day limit per plan year</i></li> </ul>	Yes
<b>All Sterilization Procedures</b>	<ul style="list-style-type: none"> <li>Hysterectomy (consent form required)</li> <li>Vasectomy &amp; Tubal Ligation (notification required) with signed federal consent form</li> </ul>	Yes
<b>Transplants</b>	<ul style="list-style-type: none"> <li>Notification also required when Care1st is 2ndary, including a completed AHCCCS Solid Organ Transplant request sheet</li> </ul>	Yes
<b>Transportation</b>	<ul style="list-style-type: none"> <li>Member obtains non-emergent transportation to medically necessary services by contacting Plan's preferred non-emergent transportation provider</li> <li>*Air Ambulance &amp; Non-emergent ambulance (including inter-facility transports to the same or lower level of care) require authorization</li> </ul>	*Yes
<b>Wound Care</b>	<ul style="list-style-type: none"> <li>Includes Negative Pressure Wound Therapy</li> <li>Wound Vacs – Obtain by contacting Plan's preferred provider</li> </ul>	Yes
<b>All Other Services</b>	<ul style="list-style-type: none"> <li>Unless otherwise noted above, refer to the CPT listing (Attachment I)</li> </ul>	

Please verify eligibility and benefits prior to rendering services for all members.

Payment, regardless of authorization, is contingent on the member's eligibility and AHCCCS coverage of services at the time service is rendered.

Effective 11/1/19

These guidelines are available at [www.care1staz.com](http://www.care1staz.com)

# Care1st Prior Authorization Guidelines

Page 2 of 2

Behavioral Health Covered Services	Special Comments	Prior Authorization Requirement
<b>INPATIENT FACILITY SERVICES</b>		
<b>Inpatient Behavioral Health (IPBH)</b>		Yes
<b>Inpatient Detox (IP Detox)</b>		Yes
<b>Residential Treatment Center (BHIF)</b>		Yes
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Partial Hospitalization Program (PHP)</b>	<ul style="list-style-type: none"> <li>Allowed only when Medicare is primary</li> </ul>	Yes
<b>Electroconvulsive Therapy (ECT)</b>		Yes
<b>Intensive Outpatient Program (IOP)</b>		Yes
<b>Residential Treatment Center (BHRF)</b>		Yes
<b>Repetitive Transcranial Magnetic Stimulation (TMS)</b>		Yes
<b>PROFESSIONAL SERVICES</b>		
<b>Neuropsychological Evaluation &amp; Psychological Testing</b>		Yes
<b>Crisis Services</b>		No
<b>Behavior Identification Assessment- ABA Services</b>		Yes
<b>All Other Services</b>	<ul style="list-style-type: none"> <li>Unless otherwise noted above, refer to the CPT listing (Attachment I)</li> </ul>	

Refer to Attachment I – Detailed Outpatient Procedure Code Authorization Requirements

Please verify eligibility and benefits prior to rendering services for all members.

Payment, regardless of authorization, is contingent on the member's eligibility and AHCCCS coverage of services at the time service is rendered.

These guidelines are available at [www.care1staz.com](http://www.care1staz.com)