



PRIOR AUTHORIZATION GUIDELINES BY CATEGORY

Phone: 1.866.560.4042

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

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

Care1st Prior Authorization Guidelines

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

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.

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