



PRIOR AUTHORIZATION REQUIREMENTS
Medicare Advantage HMO
Arizona Priority Care Plus



Prior Authorization Request Telephone Line: (855) 711-2914 or (480) 499-8730; TDD/TTY #711

Prior Authorization Request Fax Line: (855) 711-2915 or (480) 499-8798

Eligibility Verification: (800) 289-2818

***Note:** To obtain prior authorization, call or fax the prior authorization request numbers above. For ancillary providers, contact the telephone or fax numbers listed below. CPT and ICD-9 codes must be provided. All services are subject to member eligibility and benefit plan coverage. Verify eligibility and benefits by calling the above eligibility verification telephone number.*

Procedures and Services Requiring Prior Authorization

Inpatient Admissions

- Acute rehabilitation facility services
- Acute hospital services
- Skilled nursing facility services
- Transplant services excluding cornea
- Behavioral health facility:
Contact MHN at (800) 977-0281
- Substance abuse facility:
Contact MHN at (800) 977-0281

Outpatient Procedures/Services/Equipment

- Bariatric/gastric procedures
- Behavioral health or substance abuse, outpatient services:
Contact MHN at (800) 977-0281
- Cardiac rehabilitation
- Cardiology services
- Chiropractic services:
Contact American Specialty Health Network (ASHN) at (800) 678-9133
- Cranial neurostimulator
- Dermatology – select in-office procedures
- Disc decompression services
- Durable medical equipment (DME):
Contact Preferred Home Care at (800) 636-2123
 - Continuous positive airway pressure (CPAP)
 - Custom-made items
 - Hospital beds
 - Power wheelchairs
 - Scooters
- Enhanced external counterpulsation (EECP)
- Experimental/investigation services and procedures
- Home health services
- Incontinence treatment (fecal or urinary)
- In-office pharmacy injectables administered as Part B services
 - Botox injections
 - Part B medications
 - IV infusions
 - Intralesional corticosteroid injection
 - Injection of sclerosing solution; single or multiple veins
- In-office pharmacy injectables administered as Part D services:
Contact Health Net Pharmaceutical Services (HNPS) at (800) 410-6565
- Laser-assisted UPPP (LAUP)
- Mobile outpatient cardio telemetry
- Neurostimulator
- Non-emergency transportation services
- Non-emergency transportation services (not covered by Medicare):
Contact Health Net at (800) 977-7518
- Orthognathic jaw surgery
- Outpatient surgery provided at hospital or ambulatory surgery center
- Outpatient occupational, physical and speech therapy
- Plastic and reconstructive services (refer to page 2)
- Prosthetics/orthotics
- Pulmonary rehabilitation
- Radiation oncology services



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- Select radiology and cardiology imaging services:
Contact CareCore National at (866) 705-9444 or www.carecorenational.com
 - CT and PET scans
 - MRIs/MRAs
 - Nuclear studies
 - Cardiac imaging services
 - Echocardiography
- Sleep studies
- Thoracoscopy
- TMJ services
- Transplant-related services prior to evaluation
- Uvulopalatopharyngoplasty (UPPP)
- Vascular endoscopy
- Vein therapy/vein stripping
- X-Stop interspinous process decompression

Notification Only

- Maternity at the time of first prenatal visit
- Urgent/emergency admission within 24 hours

Plastic and Reconstructive Services

- Artificial intervertebral disc replacement for cervical and lumbar degenerative disc disease
- Blepharoplasty
- Blepharoptosis repair/reduction of overcorrection of ptosis
- Breast implants removal
- Breast reconstruction
- Brow ptosis repair
- Canthoplasty
- Craniofacial deformities repair
- Cutaneous vascular proliferative lesions (laser technique) destruction
- Excision, excessive skin and subcutaneous tissue (includes lipectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas
- External auditory canal reconstruction
- Eyelid excision and repair
- Fistula repair
- Hair transplant (full thickness graft or punch graft)
- Incisional or ventral hernia repair for initial/recurrent; reducible, incarcerated or strangulated
- Intercepting orthodontic treatment of the transitional dentition
- Inverted nipples correction
- Lagophthalmos correction, with implantation of upper eyelid lid load
- Mammoplasty reduction
- Mastectomy for gynecomastia
- Nasal vestibular stenosis repair
- Osteoplasty, facial bones, augmentation or reduction
- Palatoplasty for cleft palate
- Panniculectomy
- Plastic repair of cleft lip/nasal deformity
- Premalignant lesion destruction
- Prophylactic mastectomy
- Reconstruction, toe(s); polydactyl
- Reconstructive repair of pectus excavatum or carinatum, open or minimally invasive approach; with or without thoracoscopy
- Rhinophyma, excision or surgical planing of skin of nose
- Rhinoplasty
- Rhytidectomy
- Septoplasty
- Tissue expander(s) insertion for other than breast, including subsequent expansion
- Uvulectomy
- Vermilionectomy (lip shave), with mucosal advancement
- Vertebroplasty
- Vestibuloplasty