

Health Choice Generations

Prior Authorization Requirements

Phone: 1-800-656-8991

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Behavioral Health Prior Auth

Fax: 1-888-239-4484

The following list of services is a guideline and not a complete listing. The service provider is responsible for verifying both eligibility and covered benefits prior to rendering services.

A member must be eligible for AHCCCS and enrolled with HC Generations at the time services are rendered.

I. Inpatient Services

All hospitals must obtain a Prior Authorization for **all** inpatient admissions. For inpatient hospitalizations/procedures, the facility must call to activate the authorization on the date of admission, upon the member's arrival.

Partial Psychiatric Hospitalization require Prior Authorization.

All outpatient surgical procedures require Prior Authorization.

All Ambulatory Surgical Centers require Prior Authorization.

ALL surgical procedures listed below will be reviewed for medical necessity and standard of care. Physicians performing any procedure listed below MUST provide written documentation of medical necessity and obtain a prior authorization.

- Abdominoplasty
- Adenoidectomy
- Bariatric surgery
- Blepharoplasty
- Bone Growth Stimulator
- Cardiac catheterization, elective
- Cardiac defibrillators, implantable (ICD)
- Carotid Stents
- Cataract Surgery
- Cochlear Implants
- Circumcision
- Endoscopic Discectomies
- Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions
- Gamma Knife
- Hysterectomy
- IDET- Intra-discal electrothermal treatment
- Kyphoplasty
- Orthognathic Surgery
- Otoplasty
- Pacemakers
- Panniculectomy
- Pediatric surgeries as a consequence of a congenital abnormality AND other CRS-covered conditions
- Peripheral Nerve Stimulator
- Podiatric surgeries
- Pregnancy Termination
- Reduction Mammoplasty
- Rhinoplasty
- Scar Revisions
- Spinal cord stimulators
- Spinal disk replacement
- Strabismus corrections
- Surgical Management of Sleep Apnea
- Surgical Management of Temporomandibular Joint Dysfunction
- Tonsillectomy
- Transplants
- Vagal nerve stimulators
- Vertebroplasty

II. Outpatient Services

The following diagnoses require Prior Authorization prior to specialty referral:

- Obesity: Bariatric surgical consultations
- Fibromyalgia- Rheumatologic consultations
- Any CRS Diagnosis for members 20 years of age or under

Diagnostic imaging services which require Prior Authorization:

- 3-dimensional ultrasound
- All second and subsequent obstetrical ultrasounds
- Level II/ high-level obstetrical ultrasounds (Perinatologists do not require PA for first level II US)
- MRI
- MRA
- PET SCAN
- DEXA SCANS for all men, and women under age 50
- SPECT Scan (except when associated with cardiac stress testing)

The following outpatient diagnostic and/or therapeutic services require Prior Authorization:

- Audiology Testing Age 21 and over
- Cardiac Rehabilitation
- Cosmetic procedures
- Dialysis (initial start only)
- Enhanced External Counterpulsation (EECP)
- Experimental/Investigational Services
- Home Health/Infusion Services
- Hyperbaric Oxygen Therapy (HBO)
- Insulin Pump
- Nutritional Counseling/Dietary Consult
- Nutritional feedings and/or feeding therapies
- Orthotics
- Occupational therapy
- Pain Management Pump
- Pregnancy termination
- Physical therapy
- Prosthetics
- Pulmonary Rehabilitation
- Sleep Laboratory Services
- Speech therapy
- Unlisted Procedure Codes
- Vestibular Rehabilitation
- Visual Evoked Potentials

Consults plus all additional visits and treatment plans for the following specialties require Prior Authorization:

- Chiropractic Services
- Chronic Pain Specialists
- Dermatology
- Genetic Counseling
- Infertility
- Neuro Psych
- Ophthalmology
- Oral/Maxillofacial
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Podiatry

Medications listed as Non-Formulary or "PA" in the Health Choice Generations Formulary require Prior Authorization

Obstetrical Risk Assessment: An obstetrical risk assessment must be completed in order to receive a Total OB Authorization.

Any service provided by a Non-Contracted facility or Non-Contracted provider Require Prior Authorization.

For DME O&P Supplies, please call ancillary provider directly. Each vendor will contact Health Choice Generations for authorization.

Authorizations are valid for 180 days unless otherwise indicated.

Receipt of authorizations **DOES NOT** guarantee payments of services. If the member was not eligible on the date of services or the claim does not match the authorization, the claim may be denied.