

MCC of AZ (HMO SNP) Provider Notice

Re: Changes to prior authorization requirements

September 1, 2020

Dear Valued Provider:

As part of our effort to ease provider administrative work and ensure our members live healthier lives, we continue to refine our prior authorization (PA) requirements. We do this by adding and removing PA requirements for certain medications and services.

The chart below shows changes with an effective date of October 1, 2020.

IP/OP*	OP UM Type	Proc/HCPCS Code	Code Description	PA Change Type (Add/Remove)
OP	PT Eval	97161	Physical therapy evaluation	Remove
OP	PT Eval	97162	Physical therapy evaluation	Remove
OP	PT Eval	97163	Physical therapy evaluation	Remove
OP	OT Eval	97165	Occupational therapy evaluation	Remove
OP	OT Eval	97166	Occupational therapy evaluation	Remove
OP	OT Eval	97167	Occupational therapy evaluation	Remove
OP	ST Eval	92521	Speech therapy evaluation	Remove
OP	ST Eval	92522	Speech therapy evaluation	Remove
OP	ST Eval	92523	Speech therapy evaluation	Remove
OP	ST Eval	92524	Speech therapy evaluation	Remove
OP	ST Eval	92610	Speech therapy evaluation	Remove
OP	DME	E0105	Quad Cane	Remove
OP	DME	E0100	Metal Cane	Remove
OP	DME	E0603	Electric Breast Pump	Remove

OP	N/A	J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Remove
OP	N/A	J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Remove
OP	N/A	J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Remove
OP	N/A	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Remove
OP	N/A	J0570	Buprenorphine implant, 74.2 mg	Remove
OP	N/A	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Remove
OP	N/A	J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Remove
OP	N/A	J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Remove
OP	N/A	J7331	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	Remove
OP	N/A	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Remove
OP	N/A	J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Remove
OP	N/A	J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	Remove
OP	N/A	J3489	Injection, zoledronic acid, 1 mg	Remove
OP	N/A	J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Remove
OP	N/A	J8499	Prescription drug, oral, non chemotherapeutic, nos	Remove
OP	N/A	J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Remove
OP	N/A	J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Remove
OP	N/A	J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	Remove

*OP includes HCPCS codes for procedures, services, medications or supplies

If you have members on medications or needing services that have been added to this list, please submit a prior authorization form before the member's next appointment or prior to initiating therapy. Submit requests to the

Clinical Utilization Management team via fax at 1-888-656-2390. You can access the form on the provider pages of our website at <https://dsnp.mccofaz.com/providers/>.

We'll notify you of any further changes. If you have any questions, please contact the UM team at 1-800-424-4509 (TTY 711) 8 a.m. to 8 p.m., Monday through Friday (from October 1-March 31, 7 days a week). Please visit <https://dsnp.mccofaz.com/> to view the full prior authorization list.

To request authorization for MCC of AZ Medicaid members, fax prior authorization forms (found on <http://mccofaz.com>) to 1-888-656-7501. Please include all required supporting documentation. You can also call us at 1-800-424-5891.