MCC of AZ (HMO SNP) Medical Prior Authorization Grid - effective 1/20/2020

This pre-authorization matrix is meant to be used as a guide for participating MCC of Arizona Medicare providers and vendors. An authorization for services is not a guarantee of payment. Payment is based on eligibility, authorization status, and coding edits that may apply to a given code or code set. Please note: specialty services performed by a non-participating provider will require authorization. For Behavioral

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Matrix Legend:	
Facility	The facility where the procedure or service is being performed must contact plan for authorization
Clinician	The clinician performing the procecdure or service must contact the plan for authorization
Facility/Clinician	Both the facility and/or clinician must contact plan for authorization
All Entitites	Any entity performing a service in the identified setting must contact plan for authorization
	Authorization is required in the indicated setting.
	There are service specific conditions that affect requirements.
	No authorization is required in the indicated setting, or it is not applicable for this setting.
	Service is facilitated by a vendor.
Notes:	Notes apply to all provider entities unless stated otherwise in this matrix

Service Category	Service Subset	Medicare	Out-of Network Status (Non-PAR)	In-Network Status (PAR)	IP Setting	OP Setting	Responsible MCC of AZ Delegate	Notes
			Entity responsible for obtaining PA					
Ambulance Services	Emergency	✓	NOT Required				Claims	
	Non-emergency	✓	See Note		Facility/Clinician			No Auth Required for interfacility non-emergent transportation.
Behavioral Health	Refer to MCC of AZ (HMO SNP) BH UM							Refer to BH Prior Auth grid for BH services
Cardiac Rehabilitation	All services	✓	Required		N/A	Facility/ Clinician	UM (Outpatient)	PCP referral is required.
Chiropractic Services	Manual manipulation of the spine	✓	**Not Eligible**	See Note			UM (Outpatient)	Medicare benefit covers Medically Neccessary manual manipulation of the spine
Diabetes Care	Medicare Diabetes Prevention Program (MDPP)	✓	**Not Eligible**	NOT Required			Member Services/Claims	
	Shoes/Inserts	✓	Required		Facility/Clinician		UM (Outpatient)	Pick up at pharmacy w/ prescription.
	Self-management training	✓	Required	See Note				Member must be determined eligible.

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Diabetes Care (continued)	Glucometer	✓	Required	NOT Required			UM (Outpatient)	PA not required for PAR providers. Requests fulfilled by MCC UM Dept.
	Lancets	✓						
	Test strips	✓						
	Alcohol Wipes	✓						
Durable Medical Equipment (DME)	Wheelchair	✓	Required		N/A	All entities		Fax prior authorization request form to 1-888-656-2390
	Power chair	✓						
	Partially electric bed	✓						
	Hospital bed rails	✓						
	Hospital bed	✓						
	Crutches	✓						
	Walker	✓						
	IV Infusion pump	✓						
	Motorized devices	✓						
	Power scooter	✓						
	Cane	N/A	N/A		N/A		N/A	
	Quad cane	N/A						
	Rollator w/ basket	✓	Required		N/A	All entities	UM (Outpatient)	
	Equipment repair	✓						
Emergency Care	ED Visits	✓	NOT Required				Member Services /Claims	Any transitions from the ED will require prior auth (including SNF, OBS and Inpatient) / NOT covered outside of the US.
Hearing Services	Hearing aids	✓	Required		N/A	All entities	UM (Outpatient)	PA required. $1,250 every 3 years total includes both ears .
	Hearing test	✓	**Not Eligible**	NOT Required				
	Instrument servicing/replacement	N/A	N/A	N/A	N/A	N/A		
Health & Wellness	All benefits	✓	NOT Required				Member Services	
Home Health Agency Care	Physical therapy (PT)	✓	Required		N/A	Facility/ Clinician	UM (Outpatient)	PA for skilled nursing services is required. Fax completed PA request form to 1-888-656-2390.
	Occupational Therapy (OT)	✓						
	Home Health Aide (HHA)	✓						
	Skilled nursing	✓						

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					Entity responsible for obtaining PA			
Home Health Agency Care	Speech therapy	✓	Required		N/A	Facility/ Clinician	UM (Outpatient)	PA for skilled nursing services is required. Fax completed PA request form to 1-888-656-2390.
	Social work	✓						
Hospice	All services	✓	See note				UM	Member must have qualifying prognosis. Provider MUST be Medicare certified.
Inpatient Admission	Acute	✓	Required		Facility	N/A	UM (Inpatient)	Elective Admission: PA required 7 days prior to admission/ **Medicare covers 90 days**
	Observation (OBS)	✓						Observation is reviewed as an OP service. Limited to **up to 48 hours** per episode.
Inpatient Admission (Sub-Acute)	Sub-acute	✓	Required		Facility	N/A	Initial: UM (Inpatient) Concurrent: SNF	100 days per benefit period covered for SNF.
	Rehabilitation	✓						
	Transitional Care	✓						
	SNF	✓						
	Long-term custodial care	N/A						
Interpreter Services	All services	✓	**Not Eligible**	Required	All entities		All	
Kidney treatment	All services	✓	See Note		Facility/Clinician		UM	PA required for dialysis.
Laboratory Services (Outpatient)	Biopsy	✓	Required	NOT Required			UM (Outpatient)	PA not required for PAR providers.
	Endoscopy	✓						
	Other diagnotic tests	✓	**Not Eligible**					
	General lab services	✓	Required					
	Medical nutrition therapy	✓	**Not Eligible**					Must have qualifying condition. 3 hours of counseling in the first year; 2 hours each year thereafter. PCP's order required for more extensive treatment.
Oncology	General	✓	See Note	NOT Required			Claims	
	Radiation	✓						
	Chemotherapy	✓						
Orthotics & Prosthetics	Procedures	✓	Required	Required	Facility/Clinician		UM	
	Devices	✓		NOT Required				Compression stocking specifically.
	Supplies	✓						

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Other Services	Other therapies	✓	**Not covered**			UM	If covered, services require PA.
	Experimental & investigational services	✓	Required	See Note	Facility/Clinician		
Outpatient Services	Rehabilitation services	✓	Required		Facility/Clinician	UM	
Palliative Care	All services	✓	Required	NOT Required		UM	
Pharmacy	Medicare Part B prescription drugs	✓	See Note		Clinician	Pharmacy	Contact Pharmacy Dept for formulary requirements. Some J code Part B drugs require PA. Fax request to 1-888-656-2390
	Pain management	✓	Required				Contact Pharmacy Dept for formulary requirements.
Podiatry Services	All services	✓	See Note		Facility/Clinician	UM	PA required for Medicare-covered podiatry services, i.e. diagnosis and medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs); routine foot care for members with certain conditions affecting the lower limbs.
Preventive Screenings	Abdominal aortic aneurysm screening	✓	**Not Eligible**	NOT Required		Member Svs/ Claims	Physician referral required.
	Alcohol use reduction screening	✓					
	Breast cancer screenings	✓					Includes 1 baseline mammogram every 12 months for women ages 40+; clinical breast exam every 24 months.
	Cardiovascular disease testing	✓					One screening every 5 years.
	Cervical and vaginal cancer screening	✓					Pap tests, Pelvic Exams: Every 24 months / If at high risk, or childbearing age with abnormal Pap test within past 3 years: one Pap test every 12 months.

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Preventive Screenings (continued)	Colorectal cancer screening	✓	**Not Eligible**	NOT Required			Member Svs/ Claims	Flexibile sigmoidoscopy (or screening barium enema as an alternative) every 48 months/Guaiac-based fecal occult blood test (gFOBT), or fecal immunochemical test every 12 months/DND-based colorectal screening every 3 years. For high risk members: 1 screening colonoscopy (or screening barium enema as an alternative) every 24 months. No-risk members: 1 screening every 10 years (120 months), but not within 48 months of screening.
	Depression screening	✓						
	Diabetes screening	✓						Every 12 months with certain risk factors.
	Lung cancer screening w/ low dose computed tomography	✓						
	Prostate cancer screening	✓						1 every 12 months for members 50+.
	HIV screening	✓						1 every 12 months; pregnant members may get 3 during pregnancy.
	Obesity screening	✓						Counseling to promote sustained weight loss also covered in the primary care setting.
	STI screening	✓						
Private Duty Nursing	All services	N/A	N/A	N/A	N/A		N/A	
Professional Services	Routine	✓	Required	NOT Required			UM (Outpatient)	Includes all medically necessary PAR services unless otherwise stated in this matrix.
	Primary Care	✓						
	Specialist	✓						
	Bone mass measurement	✓	**Not Eligible**	See Note			UM	Covered every 24 months for identified members and more frequently if determined medically necessary.
	Cardiovascular disease risk reduction visit (PCP)	✓	Required	NOT Required			Claims	1 PCP visit per year.

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Prosthesis Equipment	Artificial limbs	✓	Required	See Note			UM (Outpatient)	PA may be required. Please fax authorization request to UM department at 1-888-656-2390
	Braces	✓						
	Breast prosthesis	✓						
	Colostomy care	✓						
	Pacemaker	✓						
	Related supplies	✓						
Pulmonary Rehabilitation	All services	✓	See Note		N/A	Facility/ Clinician	UM (Outpatient)	PCP referral required.
Radiology	CT	✓	Required	NOT Required			UM	
	PET scan	✓						
	X-ray	✓						
	Ultrasound	✓						
	MRI	✓						
Respiratory	Nebulizer	✓	Required		N/A	All entities	UM (Outpatient)	
	Gaseous oxygen systems	✓						Includes all necessary supplies for liquid or gaseous oxygen administration.
	Liquid oxygen systems	✓						
	Supplies	✓						
	Sleep study	✓					Mbr Svcs/ Claims	Contact Member Services at 1-800-424-4509 for information
Routine Services	Annual wellness visit	✓	**Not Eligible**	NOT Required			Member Svs/ Claims	Available after 12 months on Medicare Part B; or 12 months from initial "Welcome to Medicare" preventive visit.
	Immunizations	✓	NOT Required					Immunizations must be covered under Part B; some Part D vaccines also included.
Smoking Cessation	Cessation products (Chantix, Nicotrol)	✓	NOT Required				Member Svs/ Claims	Prescription cessation products covered under Part D; OTC products not covered.
	Counseling	✓						2 counseling attempts (4 visits per attempt).
Substance Abuse	**MCC Medicare BH UM**							**See BH UM requirements.**
Supplies	Medical	✓	Required	NOT Required			UM	Includes all Medical supplies unless otherwise listed elsewhere on this matrix.
	Surgical	✓						
	Miscellaneous	✓						

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Surgery	Oral	✓	Required		Facility/Clinician		UM (Inpatient)	Surgical requests should be faxed to 1-888-656-2390
	Transplant	✓						
	Ambulatory	✓						
	Bariatric	✓						
	Cataracts	✓			NOT Required		UM (Outpatient)	Outpatient surgery requests should be faxed to 1-888-656-2390
	Outpatient	✓			Facility/Clinician			
Vision Services	All Services		Refer to vendor					Contact Vision Services Vendor: VSP 1-800-877-7195
Stress Test	Stress test	✓	**Not Eligible**	NOT Required			Member Svs/ Claims	
	Nuclear stress test	✓						