

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



Matrix Legend:

Facility	The facility where the procedure or service is being performed must contact plan for authorization
Clinician	The clinician performing the procedure or service must contact the plan for authorization
Facility/Clinician	Both the facility and/or clinician must contact plan for authorization
All Entities	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		No Auth Required for interfacility non-emergent transportation.
	Non-emergency	✓	See Note	Facility/Clinician				
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 Necessary 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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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				UM (Outpatient)	PA not required for PAR providers.
	Endoscopy	✓	Not Eligible					
	Other diagnostic tests	✓						
	General lab services	✓	Required					
	Medical nutrition therapy	✓	Not Eligible					
Oncology	General	✓	See Note				Claims	
	Radiation	✓						
	Chemotherapy	✓						
Orthotics & Prosthetics	Procedures	✓	Required		Required Facility/Clinician		UM	Compression stocking specifically.
	Devices	✓			NOT Required			
	Supplies	✓						

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					Entity responsible for obtaining PA				
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 Svcs/ 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 Svcs/ 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)	Includes all necessary supplies for liquid or gaseous oxygen administration.
	Gaseous oxygen systems	✓						
	Liquid oxygen systems	✓						
	Supplies	✓					Mbr Svcs/ Claims	Contact Member Services at 1-800-424-4509 for information
	Sleep study	✓						
Routine Services	Annual wellness visit	✓	Not Eligible		NOT Required		Member Svcs/ 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 Svcs/ Claims	Member Svcs/ 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	✓			NOT Required		UM (Outpatient)	
	Cataracts	✓			Facility/Clinician			
	Outpatient	✓						
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 Svcs/ Claims	
	Nuclear stress test	✓						

