



Prior Authorization (PA): How to request, obtain and verify status

June 22, 2017
Gold Room
1:30pm – 3:00pm



Requesting

- Begin at the AHCCCS Website:
 - <https://www.azahcccs.gov>

Click on PLANS/PROVIDERS

The screenshot shows the AHCCCS website homepage. The AHCCCS logo is on the left. A navigation menu is at the top with 'PLANS/PROVIDERS' highlighted. A search bar is on the right. A large image of hands is in the center, with a text overlay: 'Employee Survey Results Earn "Exceptional Organization" Status' and a progress indicator of 1 out of 6 circles filled.

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.

Click on AHCCCS online



- HOME
- AHCCCS INFO
- MEMBERS
- PLANS/PROVIDERS**
- AMERICAN INDIANS
- RESOURCES
- FRAUD PREVENTION
- CRISIS?

AHCCCS Online

Health Plans

- MCO Update Meetings
- Minimum Subcontract Provisions
- Reporting Third-Party Liability
- ALTCS Electronic Member Change Request (EMCR)
- Solicitations & Contracts
- Encounters
- Reinsurance
- Quality Assessment and Performance Improvement Strategy

New Providers

- Freestanding Emergency Department
- Provider Registration
- Provider Reenrollment
- Treat and Refer
- Minimum Subcontract Provisions
- Enrollment Fee

Current Providers

- Provider Website
- Provider Reenrollment
- CRS Referrals
- ALTCS Electronic Member Change Request (EMCR)
- Self Directed Attendant Care
- Direct Care Workers
- Nursing Facility Information
- Hospital Assessment
- Provider Survey
- Non-Emergency Medical Transportation
- EHR Incentive Program
- Data Access
- Proposition 206

Guides - Manuals - Policies

Rates and Billing

- Managed Care
- Fee-for-Service
- Copayments
- FQHC & RHC
- Hospital Presumptive Eligibility
- Hospital Reimbursement
- PCP Parity

Pharmacy

Targeted Investments

Reaching across Arizona to provide comprehensive quality health care for those in need

Log in to AHCCCS online

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at: **(602) 417-4451**.

**** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! ****

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

***** ATTENTION! *****

Effective January 1, 2017, Non IHS/638 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization requests:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

***** ATTENTION! TERMS OF USE UPDATE *****

EFFECTIVE IMMEDIATELY - Please read the updated [Terms of Use](#) for AHCCCS Online. Your continued use of the site constitutes your acceptance of the amended agreement. IF YOU DO NOT AGREE WITH ANY PORTION OF THESE TERMS, YOU MUST CEASE YOUR ACCESS AND USE OF THE WEBSITE.

AHCCCS Online User Manuals

Sign In

Username

Password

Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. Multiple failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Cardholder to unlock your account or use the Password Recovery feature.

▲ Your web browser must have JavaScript enabled in order to use AHCCCS Online.

Enter username and password and click on the “Sign In” tab



Menu

- [Claim Status](#)
- [Claims Submission](#)
- [EFT Enrollment](#)
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- [Prior Authorization Inquiry](#)
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- [Provider Verification](#)
- [Provider Re-Enrollment/Revalidation](#)
- [Targeted Investments Program](#)

Support and Manuals

- [AHCCCS Online User Manuals](#)
- [AHCCCS Online Learn More](#)
- [Frequently Asked Questions](#)

Account Information

- Username: NEMTraining01
- User: Albert Escobedo
- Type: Master
- IP: 170.68.15.150
- Provider ID: 007835
- [Admin](#)

Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$300.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non – Emergency Outpatient Procedures
- Non – Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non – Emergency Transportation > 100 miles

Services that do not require Prior Authorization:

- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g.: Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non – ICU < 72 hours.
- Diagnostic procedures, e.g.: EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non – Surgical Procedures, e.g. PICC Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.

- Non-Acute Services for Tribal ALTCS members (contact Case Manager)
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

[Prior Authorization Submission](#)

- Select the “Prior Authorization Submission” tab on the menu (left hand side)
- Click on “Prior Authorization Submission”

Prior Authorization Search Screen

- Fill in all required information (marked with red asterisks *)
 - Note: If obtaining PA history, the service begin and end dates must be entered.

Prior Authorization Search

PA Recipient/Case Search

* Indicates a required field.

Search System:* ACUTE ▾

Search By:* AHCCCS ID ▾

AHCCCS ID:* A98734947 (Ex. A12345678)

Service Provider ID:* --- SELECT --- ▾

Begin Date Of Service: (Format: MM/DD/YYYY)

End Date Of Service: (Format: MM/DD/YYYY)

Search Clear

HINT: To obtain the maximum number of search results, provide data only for required fields.

This site displays confidential information from the AHCCCS Administration. This information is intended solely for use by the intended recipient hereof. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this transmission is prohibited.

Case List Screen

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Search Dates

Begin Date: N/A

End Date: N/A

Case List

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
00000157	A98734947	01/01/2017	12/31/2017	PENDE	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update
00000158	A98734947	01/01/2016	12/31/2016	PENDE	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update

[Add New Case](#)

- There will either be no cases (if member is new) or several case numbers depending on the begin/end dates.
- If there are no cases listed, the same steps are taken as adding a new case when clicking "Add New Case"
- If you are requesting a PA and there are existing cases listed, you will select the case that falls within the time frame for the DOS.

Add New Case

Add New Case

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider		
Provider ID: 007835	Provider Name: NEMT TEST	NPI:

Enter Case Information	
<small>* Indicates a required field.</small>	
AHCCCS ID:*	<input type="text" value="A98734947"/>
Service Provider ID:*	<input type="text" value="007835"/>
Provider Contact Name:*	<input type="text" value="Albert Escobedo"/>
Contact Phone Number:*	<input type="text" value="602-417-4562"/>
Effective Begin Date:*	<input type="text"/>
Effective End Date:*	<input type="text"/>
Description:*	<input type="text"/>
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

- Fill in all required information (marked with red asterisks *)
- Effective Begin Date- Enter the date you want the case to begin
- Effective End Date- Automatically defaults to end of year from begin date
- Description – Enter a description of service types provided (Ex. Transportation)
- Click “Next”

Case List Screen

- The phrase "Transaction Succeeded" will appear in red indicating that a new case list for this member was completed.
- Each case list will be assigned a case number
- Select the "Case No" of the PA request that you added

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Search Dates

Begin Date: N/A

End Date: N/A

Case List

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000000157	A98734947	01/01/2017	12/31/2017	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update
000000158	A98734947	01/01/2016	12/31/2016	PENDED	PRIOR AUTHORIZATION	NON-EMERGENCY TRANSPORTATION	Update

[Add New Case](#)

Event List Screen

- Click “Add New Event”
- Now you will be entering information about the event that you are requesting PA for.

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider									
Provider ID: 007835		Provider Name: NEMT TEST				NPI:			
Recipient									
AHCCCS ID: A98734947		Name:			DOB:		Gender:		
Case Detail									
Case No: 000000157		Begin Date: 01/01/2017			End Date: 12/31/2017		Status: PENDED		
Event List									
Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	OT	02/21/2017	02/21/2017		PENDED	PH009	R68.89	Update	Attachments
02	OT	03/01/2017	03/01/2017		PENDED	PH009	R68.89	Update	Attachments
03	OT	03/09/2017	03/09/2017		PENDED	PH009	R68.89	Update	Attachments
04	OP	03/10/2017	03/11/2017		PENDED	PH009	R68.89	Update	Attachments

Add New Event



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Add New Event Screen

Add New Event

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider			
Provider ID: 007835	Provider Name: NEMT TEST	NPI:	


Recipient			
AHCCCS ID: A98734947	Name:	DOB:	Gender:

Case Detail			
Case No: 000000157	Begin Date: 01/01/2017	End Date: 12/31/2017	Status: PENDED

Enter Event Information

* Indicates a required field.

Case No:*	<input type="text" value="000000157"/>
Event Type:*	<input type="text" value="ACUTE PSYCHIATRIC INPATIENT"/> ▼
Recipient AHCCCS ID:*	<input type="text" value="A98734947"/>
Provider Contact Name:*	<input type="text" value="Albert Escobedo"/>
Contact Phone Number:*	<input type="text" value="602-417-4662"/>
Requested Begin Date:*	<input type="text"/>
Requested End Date:*	<input type="text"/>
Admit Date:	<input type="text"/>
Discharge Date:	<input type="text"/>
Diagnosis Code:*	<input type="text"/> . <input type="text"/>
Description:	<input type="text"/>
<input type="button" value="Next"/> <input type="button" value="Clear"/>	



Choose from the list of Event Types

Case No:*	<input type="text" value="000000157"/>
Event Type:*	<input type="text" value="ACUTE PSYCHIATRIC INPATIENT"/> ▼
Recipient AHCCCS ID:*	<input type="text" value="A98734947"/>
Provider Contact Name:*	<input type="text" value="Albert Escobedo"/>
Contact Phone Number:*	<input type="text" value="602-417-4662"/>
Requested Begin Date:*	<input type="text"/>
Requested End Date:*	<input type="text"/>
Admit Date:	<input type="text"/>
Discharge Date:	<input type="text"/>
Diagnosis Code:*	<input type="text"/> . <input type="text"/>
Description:	<input type="text"/>
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

Continued

- Case No – defaults to the newly created Case entered or selected Case
- Recipient AHCCCS ID, Provider Contact Name, Contact Phone Number – Defaults to the information that is associated to the members AHCCCS ID, providers NPI/PI information
- Requested begin date – Enter the dates of service
 - Transportation PA request, enter the scheduled date of trip
- Requested end date – enter end of service date
- Diagnosis code – enter diagnosis code (Ex: R68.89)
**Note: Separate the numbers according to the fields provided, no decimal required*
- Click “Next”

Event List

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event. Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider

Provider ID: 007835

Provider Name: NEMT TEST

NPI:

Recipient

AHCCCS ID: A98734947

Name: TEST, MEMBER

DOB: 10/15/1949

Gender: M

Case Detail

Case No: 000000158

Begin Date: 01/01/2016

End Date: 12/31/2016

Status: PENDED

Event List

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	OT	01/01/2016	01/01/2016		PENDED	PH009	R68.89		

[Add New Event](#)

- The phrase "Transaction Succeeded" will appear in red indicating that a new event list for this member was completed.
- Lists of entered events will appear under the event list and is assigned a number which is placed in "sequence" order.
- Click on "attachments" to submit attachments if needed.

Attachments

- Select from the “Request Types” available
- Click “Browse” to find your document on your computer
- Click the “Upload Attachment” tab

Event List

- Click on the “Sequence” number assigned to the event you entered.
**Note: There may be more than one event but to complete the current PA request, select the Event you recently created.*
- This will take you to the “Activity List Screen”

Activity List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

lick "Add New Activity" button to create new activity. Click "Update" link to update the activity. Approved activities cannot be updated online. Please contact PA Group to update an approved activity

Service provider		
Provider ID: 007835	Provider Name: NEMT TEST	NPI:

Recipient		
AHCCCS ID: A98734947	Name:	DOB:
		Gender:

Case Detail			
Case No: 000000157	Begin Date: 01/01/2017	End Date: 12/31/2017	Status: PENDED

Event Detail			
Sequence No: 04	Srv Begin Date: 03/10/2017	Srv End Date: 03/11/2017	Status: PENDED

Activity List

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	
01	HCPCS	A0120		2.000	0.000	PENDED	PH009	6.6400	Update
02	HCPCS	A0210		2.000	0.000	PENDED	PH009	0.0000	Update

[Add New Activity](#)

Add New Activity

- Click on "Add New Activity"
- Case Number: Defaults
- Provider name and number: Defaults
- Sequence Number: Defaults

ADD NEW ACTIVITY

Service provider		
Provider ID: 007835	Provider Name: NEMT TEST	NPI:
Recipient		
AHCCCS ID: A98734947	Name:	DOB: Gender:
Case Detail		
Case No: 000000157	Begin Date: 01/01/2017	End Date: 12/31/2017 Status: PENDED
Event Detail		
Sequence No: 04	Srv Begin Date: 03/10/2017	Srv End Date: 03/11/2017 Status: PENDED

Enter Activity Information

* Indicates a required field.

Case Number:* 000000157

Provider Contact Name:* Albert Escobedo

Contact Phone Number:* 602-417-4592

Sequence Number:* 04

Activity Type:* DRG

Activity Code:*

Modifier:

Allowed Units:*

Trip Count:*

Trip From

Site:*SELECT.....

Service:*SELECT.....

Trip To

Site:*SELECT.....

Service:*SELECT.....

Note:

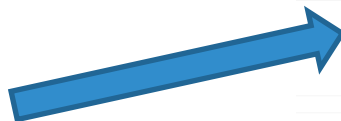
Next Clear

Enter Activity Information

Case Number:	000000157
Provider Contact Name:	Albert Escobedo
Contact Phone Number:	602-417-4562
Sequence Number:	D4
Activity Type:	DRG
Activity Code:	HCPCS NDC - PHARMACY REVENUE CODE
Modifier:	SPECIAL RATE TIER
Allowed Units:	HCPCS & REVENUE CODE
Trip Count:	

- Select an Activity type from the drop down
- Activity Code: Enter Activity Code
- Modifier Field: Enter a Modifier if it pertains to your request.
- Allowed Units: Enter Units
- Note Field: Enter detailed information for PA request

** If your request is for transportation, you will have to add the Trip Counts along with the trip from site/service and trip to site/service*



Case Number:	000000157
Provider Contact Name:	Albert Escobedo
Contact Phone Number:	602-417-4562
Sequence Number:	D4
Activity Type:	DRG
Activity Code:	
Modifier:	
Allowed Units:	
Trip Count:	
Trip From	
Site:SELECT.....
Service:SELECT.....
Trip To	
Site:SELECT.....
Service:SELECT.....
Note:	
Next	Clear



Activity List Completed

- The phrase “Transaction Succeeded” will appear in red indicating that a new Activity List for this member was completed.
- Line number will appear under the Activity List
- If you want to add additional activities to the same Event, you can add multiple activities by clicking [Add New Activity](#)

PRIOR AUTHORIZATION REQUEST IS
COMPLETE!

Submission

PA requests can also be submitted by fax but the preferred method of all PA request submission is via the online PA Portal. All mandatory fields on the form(s) must be completed accurately when submitting the request via fax:

- **The Fee-For-Service Authorization Request Forms** can be found at:
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html>
- **Fee-for-service Authorization Request Form-to is** be completed by a registered provider to request for an authorization. Complete the form and use the form as a fax cover sheet, include supporting documentation, if needed.
- **Fee-for-service Prior Authorization Medical Documentation Form** - used to submit additional documentation that has not been previously submitted and is requested to substantiate medical necessity.
- **Prior Authorization Correction Form** – used to request changes to an existing Prior Authorization. Any additional medical documentation for this request should be submitted with this request.

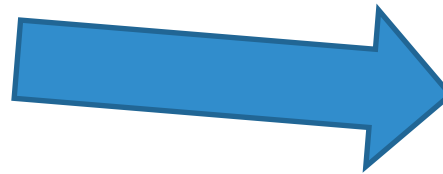
** All faxed information must be accompanied by the appropriate FFS form. The FFS form must be used as the coversheet.*

FFS Authorization Fax Numbers

- Prior Authorization Fax: 602-256-6591
- Transportation Fax: 602-254-2431
- Utilization Review Fax: 602-254-2304
- Long Term Care Fax: 602-254-2426

Verifying Status

Once logged in to AHCCCS online, click on “Prior Authorization Inquiry” in the menu bar.



Menu
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Account Information
Username: NEMTraing01
User: Albert Escobedo
Type: Master
IP: 170.68.15.150
Provider ID: 007835
Admin

Reaching across Arizona to provide comprehensive quality health care for those in need

PA Search

Prior Authorization: PA Search

Prior Authorization Search

- HINT: To obtain the maximum number of search results, provide data only for required fields.

* indicates required fields

Search System: *	<input type="text" value="ACUTE"/>	
Service Provider ID: *	<input type="text" value="007835"/>	
Recipient AHCCCS ID:	<input type="text" value="A08734947"/>	Ex. A12345678
Case Number:	<input type="text"/>	9 Digit Number
Begin Date of Service: *	<input type="text" value="03/21/2017"/>	Format: MM/DD/YYYY
End Date of Service: *	<input type="text" value="12/31/2017"/>	Format: MM/DD/YYYY

*End Date of Service format error: accepts dates in US format MM/DD/YYYY and no more than three months future date.

- Enter all required fields marked with a red asterisk *
- Click “Search”
 - *Note: You are not required to enter the AHCCCS ID #, if you are not looking for a specific member.

PA Search

Prior Authorization: PA Search

Prior Authorization Search

- HINT: To obtain the maximum number of search results, provide data only for required fields.

* indicates required fields

Search System:	*	ACUTE	▼	
Service Provider ID:	*	007835	▼	
Recipient AHCCCS ID:		A98734947		Ex. A12345678
Case Number:				9 Digit Number
Begin Date of Service:	*	01/01/2016		Format: MM/DD/YYYY
End Date of Service:	*	09/21/2017		Format: MM/DD/YYYY

Case List

Total cases found:2

Case NO	Recipient ID	Provider ID	Case Type	Case Status	Begin Date	End Date	Description
000000158	A98734947	007835	PRIOR AUTHORIZATION	P-PENDED	01/01/2016	12/31/2016	NON--EMERGENCY TRANSPORTATION
000000157	A98734947	007835	PRIOR AUTHORIZATION	P-PENDED	01/01/2017	12/31/2017	NON-EMERGENCY TRANSPORTATION

- After clicking search, you will see a list of PA's.
- Each PA will have an assigned Case No.
 - Click on Case No to see the complete PA request

Case Detail	
Case NO: 000000157 Case Type: PRIOR AUTHORIZATION	Case Status: P-PENDED Effective Dates: 01/01/2017 12/31/2017

Service Provider	
Provider ID: 007835 Provider NPI:	Provider Name: NEMT TEST Provider Type: 28 NON-EMERGENCY TRANSPORTATION PROVIDERS

Recipient	
RECORD(S) NOT FOUND	

Event List										
Total events found: 4										
Seq No	Status	Type	Svc Begin Date	Svc End Date	Adm. Date	Requestor	Reason	Diag Code	Class Cat.	Cmt No.
01	P-PENDED	OT	02/21/2017	02/21/2017		TEST	PH009-PA REVIEW REQUIRED	R68.89		
02	P-PENDED	OT	03/01/2017	03/01/2017			PH009-PA REVIEW REQUIRED	R68.89		
03	P-PENDED	OT	03/09/2017	03/09/2017		TRANSPORTATION	PH009-PA REVIEW REQUIRED	R68.89		
04	P-PENDED	OP	03/10/2017	03/11/2017			PH009-PA REVIEW REQUIRED	R68.89		

- After clicking on “Case No” you will see a list of sequence numbers
- Click on “Seq No” to see the “Activity List”

Event List										
Total events found: 4										
Seq No	Status	Type	Svc Begin Date	Svc End Date	Adm. Date	Requestor	Reason	Diag Code	Class Cat.	Cmt No.
01	P-PENDED	OT	02/21/2017	02/21/2017		TEST	PH009-PA REVIEW REQUIRED	R68.89		
02	P-PENDED	OT	03/01/2017	03/01/2017			PH009-PA REVIEW REQUIRED	R68.89		
03	P-PENDED	OT	03/09/2017	03/09/2017		TRANSPORTATION	PH009-PA REVIEW REQUIRED	R68.89		
Activity List for Seq=03										
Line No	Activity Type	Activity Code	Status	HCPCS	Reason	Allowed Units	Unit Price			
01	H	A0120	PENDED	TN	PA REVIEW REQUIRED	2	\$7.27			
02	H	S0215	PENDED	TN	PA REVIEW REQUIRED	120	\$1.53			
04	P-PENDED	OP	03/10/2017	03/11/2017			PH009-PA REVIEW REQUIRED	R68.89		

↑
Status



Prior Authorization Timelines

Authorizations should be submitted in advance to allow time for processing:

- Standard Prior Authorizations requests can take up to 14 days
- Expedited Prior Authorizations requests can take up to 3 days

ARS Title 20 – Insurance § 20-2803 Emergency services access; prior authorization; requirements

<http://www.azleg.gov/ars/20/02803.htm>

D. A health care services plan may require as a condition of coverage prior authorization for health care services arising after the initial medical screening examination and immediately necessary stabilizing treatment. Prior authorization is granted unless denied or direction of the enrollee's care is initiated by the plan within a reasonable period of time after the plan receives the prior authorization request. If direction of care instructions are received from the plan after more than a reasonable period of time has elapsed, the treating provider or providers shall comply with the late instructions to the extent feasible, except that a health care services plan remains responsible for coverage of medically necessary care given and substantially completed before the late instructions were received.

E. A health care services plan that requires prior authorization under subsection C shall provide twenty-four hour access by telephone or facsimile for enrollees and providers to request prior authorization for medically necessary care after the initial medical screening examination and any immediately necessary stabilizing treatment. Plan personnel shall have access to a physician when necessary to make determinations regarding prior authorization.

F. A health care services plan that gives prior authorization for specific care by a provider shall not rescind or modify the authorization after the provider renders the authorized care in good faith and pursuant to the authorization.

G. A hospital emergency department shall make reasonable efforts to promptly contact the health care services plan for prior authorization for continuing treatment, specialty consultations, transfer arrangements or other appropriate care for an enrollee. A health care services plan shall not deny coverage for emergency services provided to the plan's enrollee due to a provider's failure to obtain prior authorization from the plan if the provider could not determine the patient's enrollment in a particular plan due to the patient's physical condition, or if the patient's enrollment information was not available from the plan at the time of the provider's contact.

H. If the health care services plan and the provider disagree on the medical necessity of specific emergency services for an enrollee, except for emergency services provided outside the geographic service area of the plan, medical personnel representing the plan shall make necessary arrangements to assume the care of the enrollee within a reasonable period of time after the disagreement arises. If the health care services plan fails to assume the care of the enrollee as provided by this subsection, the plan shall not deny coverage for medically necessary emergency services provided to the enrollee due to lack of prior authorization.

I. If within a reasonable period of time after receiving a request from a hospital emergency department for a specialty consultation a health care services plan fails to identify an appropriate specialist who is available and willing to assume the care of the enrollee, the emergency department may arrange for medically necessary emergency services by any appropriate specialist, and the plan shall not deny coverage for these services due to lack of prior authorization. A health care services plan shall not require prior authorization for specialty care emergency services for treatment of any immediately life threatening medical condition.

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Thank You.

