

UPDATES TO PRIOR AUTHORIZATION GUIDELINES Effective March 1, 2015

January 30, 2015
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Dear Care1st and ONECare Providers and Staff:

The prior authorization guidelines for J-Codes have been refreshed with multiple additions and deletions. Please review Attachment I: J & Q Codes for the list of codes requiring authorization.

The table below outlines other service additions to our Prior Authorization Guidelines effective March 1, 2015:

Code	Service Description	Added to
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	Attachment II: ASC Attachment III: In Office
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Attachment II: ASC Attachment III: In Office
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	Attachment II: ASC Attachment III: In Office
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Attachment II: ASC Attachment III: In Office
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	Attachment II: ASC Attachment III: In Office
64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLES	Attachment II: ASC Attachment III: In Office
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	Attachment III: In Office
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA);	Attachment III: In Office
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	Attachment III: In Office
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	Attachment III: In Office
Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Attachment I: J & Q Codes
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	Attachment I: J & Q Codes
Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	Attachment I: J & Q Codes
Q4137	AMNIOEXCEL OR BIODEXCEL, PER SQ CM	Attachment I: J & Q Codes

Provider Network Operations
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Email PNOaz@care1st.com
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Code	Service Description	Added to
Q4138	BIODFENCE DRYFLEX, PER SQ CM	Attachment I: J & Q Codes
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC	Attachment I: J & Q Codes
Q4140	BIODFENCE, PER SQ CM	Attachment I: J & Q Codes
Q4141	ALLOSKIN AC, PER SQ CM	Attachment I: J & Q Codes
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQ CM	Attachment I: J & Q Codes
Q4143	REPRIZA, PER SQ CM	Attachment I: J & Q Codes
Q4146	TENSIX, PER SQ CM	Attachment I: J & Q Codes
Q4147	ARCHITECT EXTRACELLULAR MATRIX, PER SQ CM	Attachment I: J & Q Codes
Q4148	NEOX 1K, PER SQ CM	Attachment I: J & Q Codes
Q4149	EXCELLAGEN, 0.1 CC	Attachment I: J & Q Codes

The updated Guidelines are available at www.care1st.com/az in the following location:
 Care1st > Providers > Prior Authorization Guidelines and Criteria

Please help us to serve you better!

Please make certain your treatment authorization requests are checked “Routine” or “Urgent” as medically appropriate. This reduces additional outreach to you, resulting in faster turnaround for all authorization requests!

AHCCCS defines an Urgent request as:

“A request for services in which either the requesting provider indicates or the Contractor determines that following the standard timeframes for issuing an authorization decision could seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function.”

Care1st reserves the right to review and downgrade urgent requests to routine status if determined not to be urgent. For more information please review the prior authorization timeframes section in our provider manual on pg IX-3:

<https://www.care1st.com/az/PDF/provider/manual/Provider-Manual-2014.pdf>

If you have any questions or do not have internet access and would like us to send you a hard copy of the Prior Authorization Guidelines please call Provider Network Operations at the numbers below.

Thank you!

Provider Network Operations
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Visit our website at www.care1st.com/az