



## UPDATES TO PRIOR AUTHORIZATION GUIDELINES Effective August 18, 2017

July 18, 2017

Dear Care1st and ONECare Providers and Staff:

Please note the following changes effective 8/18/2017. Review the specific PA guidelines for changes to Attachment I, II, & III.

- *Attachment I: J Codes and Injectables Requiring Authorization* is refreshed with multiple additions and deletions
- *Attachment II & III* refreshed for deleted and re-sequenced codes
- *Additional updates listed below*

Item	Description	Added to
Experimental Procedures	Special Comments updated to include "Including clinical trial service"	Page 1
Radiology	Special Comments updated to include "CTA"	Page 2
Specialist/ Dev Peds	Special Comments updated to include "Autism Evaluation"	Page 3
Specialist	<b>Removed PA Requirement for Ophthalmology</b>	
Transportation	Special Comments updated to clarify PA required for Non-emergent ambulance to same or lower level facility and for Air Ambulance	Page 3
Behavioral Health	Intensive Outpatient Program –PA requirement for ONECare & Care1st Adult Dual Eligible	Page 4 Outpatient Services (Facility Based)
22853 -22854, 22859	Insertion of interbody biomechanical device	Attachment II: ASC Procedures
22867 -22870	Insertion of interlaminar/interspinous process stabilization	Attachment II: ASC Procedures
28291	Hallux rigidus correction with cheilectomy	Attachment II: ASC Procedures
28899	Unlisted procedure, foot or toes	Attachment II: ASC Procedures
36473-36474	Endovenous ablation therapy of incompetent vein	Attachment II: ASC Procedures
58674	Laparoscopy, surgical, ablation of uterine fibroid(s)	Attachment II: ASC Procedures
62320-62327	Injection(s), of diagnostic or therapeutic substance(s); Injection(s), including indwelling catheter placement	Attachment II: ASC Procedures
62380	Endoscopic decompression of spinal cord, nerve root(s)	Attachment II: ASC Procedures
0394T-0395T	High dose rate electronic brachytherapy	Attachment II: ASC Procedures
0437T-0468T	See guidelines for details	Attachment II: ASC Procedures
A9285	Inversion/eversion correction device	Attachment II: ASC Procedures
C1889	Implantable/insertable device	Attachment II: ASC Procedures
0437T -0439T	See guidelines for details	Attachment III: In-Office Procedures
36473-36474	Endovenous ablation therapy of incompetent vein	Attachment III: In-Office Procedures

**Provider Network Operations**  
Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)

Email [PNOaz@care1st.com](mailto:PNOaz@care1st.com)

Fax 602.778.1875

Visit our website at [www.care1st.com/az](http://www.care1st.com/az)

*Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info*

UPDATES TO PRIOR AUTHORIZATION GUIDELINES

Effective August 18, 2017

Page 2 of 2

52441 -52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant	Attachment III: In-Office Procedures
62320-62327	Injection(s), of diagnostic or therapeutic substance(s); Injection(s), including indwelling catheter placement	Attachment III: In-Office Procedures
62380	Endoscopic decompression of spinal cord,	Attachment III: In-Office Procedures
64566	Posterior tibial neurostimulation	Attachment III: In-Office Procedures
65785	Implantation of intrastromal corneal ring segments	Attachment III: In-Office Procedures
96111	Developmental testing	Attachment III: In-Office Procedures
96116	Neurobehavioral status exam	Attachment III: In-Office Procedures
A4467	Belt, strap, sleeve, garment, or covering, any type	Attachment III: In-Office Procedures
A4553	Non-disposable underpads, all sizes	Attachment III: In-Office Procedures

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

Thank you!