

ALL SERVICES PROVIDED BY NON-CONTRACTED PROVIDERS REQUIRE PRIOR AUTHORIZATION

Fax PSR to: 1-866-576-6423
 Pharmacy Prior Auth, Call 1-800-305-0023; Fax - 1-877-265-4976
 Fax or Mail Dental Treatment Plans to 1-888-370-2847
 APIPA- CRS Dental
 428 East Thunderbird Rd, Box #549
 Phoenix, AZ 85022

Service	Prior Auth
Audiology	
<ul style="list-style-type: none"> Cochlear Implants Hearing Aids 	Required Required
Dental Care/Orthodontia Services	
<ul style="list-style-type: none"> Treatment Plans in 6 month increments 	Required
Diagnostic Tests	
<ul style="list-style-type: none"> Echocardiograms (Outside of MSIC or SJHMC Campus) Genetic Testing 	Required Required
Durable Medical Equipment	
<ul style="list-style-type: none"> >\$500 Home Based Oxygen Any Rental Equipment Power Wheelchairs With the exception of wheel chair repairs 	Required Required Required Required No Auth Required
Home Health Care Services	Required
Infusion Services	Required
Inpatient Admissions (All)	Required ¹
Observation/Short Stays	Required
Outpatient Surgical Procedures	Required
Outpatient Therapies (more than 12 visits per calendar year)	Required ²
<ul style="list-style-type: none"> Occupational Physical Speech 	
Pain Management Services	Required
Pharmacy (all non-formulary medications*)	Required
<ul style="list-style-type: none"> Including injectables & metabolics* Botox injections 	
Physician Visits (E&M)	
<ul style="list-style-type: none"> Office Visits Outside of the MSIC 	Required ³
Prosthetics and Orthotics	
<ul style="list-style-type: none"> All requests >\$500 With the exception of braces with non-electronic or computerized components 	Required No Auth Required
Psychological Testing & Counseling (course of treatment)	Required
Radiology/Imaging	
<ul style="list-style-type: none"> PET Scan MRI/MRA 	Required Required
Specialty Clinic to Specialty Clinic (consultations)	Required ⁴
Transportation	
<ul style="list-style-type: none"> Non-Emergent (between inpatient facilities) 	Required
Vision Services	
<ul style="list-style-type: none"> Intraocular Lenses 	Required

• Eye Prosthetic	Required
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Footnotes

1. Emergency Services in Hospital

- NOTE: only Emergency Services provided in APIPA-CRS contracted hospitals will be paid by APIPA-CRS Emergency Department services provided in par hospital do not require prior authorization. However, hospitals must notify APIPA of the visit and if the member is admitted.

2. Outpatient Therapies (PT, OT, ST)

- The first twelve therapy visits provided (per contract year) do not require prior authorization; prior authorization is required for any additional visits after the first twelve. Treatment plans and progress notes must be submitted with the request for authorization for the additional therapy visits.

3. Physician/Consultative Visits

- E & M for specialist visits performed within a CRS Regional Clinic do not require prior authorization
- E & M codes for place of service (POS) 22 is included in the procedure code and should not be authorized separately

4. Specialty Clinic

- Evaluations by Specialty Clinics specific to the child's CRS eligible diagnosis does not require a request for prior authorization. Referral to Specialty Clinic not specifically related to the child's CRS eligible diagnosis would require a PSR with supporting clinical documentation