



University Physicians Health Plans (UPHP) Prior Authorization Grid

November 1, 2010

All out-of-network referrals and/or services require pre-authorization with the exception of emergency services. Emergency services do not require Prior Authorization. All services are subject to network coverage, benefit, contract, and exclusions. Member must be eligible for coverage at the time the service is rendered. EPSDT Services by Contracted Providers do not require Prior Authorization with the exception of: Transplantations, Nutritional Therapies, and Nutritional Supplements.

QUALIFIED MEDICARE BENEFICIARIES: For detailed benefit information and Prior Authorization requirements, please contact the Health Plan.

This grid is intended to serve as a guideline. If you wish to provide services not listed here, please contact us at 1-800-582-8686.					
AHCCCS Plans		State Sponsored Program		Special Needs Plan	
Maricopa Health Plan / University Family Care		Healthcare Group		Maricopa Care Advantage / University Physicians Care Advantage	
SERVICES	PA	SERVICES	PA	SERVICES	PA
Admissions		Admissions		Admissions	
- Inpatient, Elective	PA	- Inpatient, Elective	PA	- Inpatient, Elective	PA
- SNF	PA	- SNF	PA	- SNF	PA
- Rehab	PA	- Rehab	PA	- Rehab	PA
Allergy, Less than 21 Years of Age		Allergy, Less than 21 Years of Age		Allergy, Less than 21 Years of Age	
- Consults	NO PA	- Consults	NO PA	- Consults	NO PA
- Testing	PA	- Testing	NC	- Testing	PA
- Immunotherapy by Allergist	PA	- Immunotherapy by Allergist	NC	- Immunotherapy by Allergist	PA
Allergy, 21 Years of Age & Over		Allergy, 21 Years of Age & Over		Allergy, 21 Years of Age & Over	
- Consults	NO PA	- Consults	NO PA	- Consults	NO PA
- Testing	NC	- Testing	NC	- Testing	PA
- Immunotherapy (Covered for life threatening conditions only)	NC	- Immunotherapy by Allergist	NC	- Immunotherapy by Allergist	PA
Behavioral Health		Behavioral Health		Behavioral Health	
- Comprehensive Mental Health Services	NC	- Comprehensive Mental Health Services	NC	- Comprehensive Mental Hlth Svcs (ie, PHP & IOP)	PA
Cardiac Nuclear Medicine Testing	PA	Cardiac Nuclear Medicine Testing	PA	Cardiac Nuclear Medicine Testing	PA
Cardiac Rehabilitation, Outpatient	PA	Cardiac Rehabilitation, Outpatient	PA	Cardiac Rehabilitation, Outpatient	PA
Chiropractic Care		Chiropractic Care		Chiropractic Care	
- Less than 21 Years of Age	PA	- Less than 21 Years of Age	NC	- Less than 21 Years of Age	PA
- 21 Years of Age & Over	NC	- 21 Years of Age & Over	NC	- 21 Years of Age & Over	PA
Cosmetic Surgery / Items/Consults	NC	Cosmetic Surgery/Items/Consults	NC	Cosmetic Surgery/Items/Consults	NC
Dental Services, Less than 21 years of age		Dental Services, Less than 21 Years of Age		Dental Services, Less than 21 Years of Age	
- Dentures	NC	- Dentures	NC	- Dentures	NC
- Oral surgery	PA	- Oral surgery	NC	- Oral surgery	PA
- Orthodontics	PA	- Orthodontics	NC	- Orthodontics	NC
- Pedodontic for children over 2	PA	- Pedodontic for children over 2	NC	- Pedodontic for children over 2	NC
- Preventive Treatment	NO PA	- Preventive Treatment	NC	- Preventive Treatment	NO PA
- Emergency Dental Services	NO PA	- Tooth extractions to prevent endocarditis - Emergency Dental Services, Covered for sound tooth damaged as a result of trauma suffered from an external force. Services must be completed within a 60 day period following the trauma.	NO PA	- Emergency Dental Services	NO PA
Dental Services, 21 Years of Age & Over		Dental Services, 21 Years of Age & Over		Dental Services, 21 Years of Age & Over	
- Dentures	NC	- Dentures	NC	- Dentures	NC
- Preventive and therapeutic	NC	- Preventive and therapeutic	NC	- Preventive Treatment	NO PA
- Oral surgery	NC	- Oral surgery	NC	- Oral surgery	PA
- Orthodontics	NC	- Orthodontics	NC	- Orthodontics	NC
- Emergency Dental Services - Restricted Coverage for Medically-Related Care. See Health Plan for Details	NO PA	- Emergency Dental Services, Covered for sound tooth damaged as a result of trauma suffered from an external force. Services must be completed within a 60 day period following the trauma.	NO PA	- Emergency Dental Services	NO PA
- Dental Services Related to Oral Clearance for Covered Transplants and cancers - Restricted Coverage. See Health Plan for Details	PA	- Dental Services Related to Oral Clearance for Covered Transplants - Restricted Coverage. See Health Plan for Details	NC	- Dental Services Related to Oral Clearance for Covered Transplants and cancers - Restricted Coverage. See Health Plan for Details	PA
Diapers / Incontinence Briefs (Ages 3-20)	PA	Diapers / Incontinence Briefs	NC	Diapers / Incontinence Briefs	NC
Drugs/Medications		Drugs/Medications		Drugs/Medications	
- Non-formulary	PA	- Non-formulary	NC	- Non-formulary	PA
- Formulary Step Therapy	PA	- Formulary Step Therapy	PA	- Formulary Step Therapy	PA
- Psychotherapeutic (when on formulary)	NC	- Psychotherapeutic (when on formulary)	NO PA	- Psychotherapeutic (when on formulary)	NO PA
Durable Medical Equipment (DME)		Durable Medical Equipment (DME)		Durable Medical Equipment (DME)	
- Over \$300.00 Total Purchase Price	PA	- Over \$300.00 Total Purchase Price	PA	- Over \$300.00 Total Purchase Price	PA
- C-PAP, Bi-PAP Purchase	PA	- C-PAP, Bi-PAP Purchase	NC	- C-PAP, Bi-PAP Purchase	PA
Family Planning		Family Planning		Family Planning	
- Sterilization	PA	- Sterilization	PA	- Sterilization	PA
Hearing Aids, Less Than 21 Years of Age	NO PA	Hearing Aids, Less Than 21 Years of Age	NC	Hearing Aids, Less Than 21 Years of Age	NO PA
Hearing Aids, 21 Years of Age & Over	NC	Hearing Aids, 21 Years of Age & Over	NC	Hearing Aids, 21 Years of Age & Over	NC
- Cochlear Implants/Bone-Anchored Hearing Aids	NC	- Cochlear Implants/Bone-Anchored Hearing Aids	NC	- Cochlear Implants/Bone-Anchored Hearing Aids	PA
- Audiometry, Adult for hearing aid eval	NC	- Audiometry, Adult for hearing aid eval	NC	- Audiometry, Adult for hearing aid eval	PA
- Audiometry, Adult for medical diagnosis	PA	- Audiometry, Adult for medical diagnosis	PA	- Audiometry, Adult for medical diagnosis	PA
Home Health/Home Care Services		Home Health/Home Care Services		Home Health/Home Care Services	
- Home Health Care	PA	- Home Health Care	PA	- Home Health Care	PA
- Home Infusion (antibiotics, TPN, etc)	PA	- Home Infusion (antibiotics, TPN, etc)	PA	- Home Infusion (antibiotics, TPN, etc)	PA
Hospice- IP and OP, Less than 21 Years of Age	PA	Hospice- IP and OP, Less than 21 Years of Age (Select Plans)	PA	Hospice- IP and OP, Less than 21 Years of Age	PA
Hospice- IP and OP, 21 Years of Age & Over	NC	Hospice- IP and OP, 21 Years of Age & Over (Select Plans)	PA	Hospice- IP and OP, 21 Years of Age & Over	PA
Insulin Pumps		Insulin Pumps		Insulin Pumps	

Receiving approval on a prior authorization request does not guarantee payment. Some plans may have limitations on certain benefits. If the benefit is not covered or the limitation is met, payment will not be made.

NOTE: "NC" = Not Covered

University Physicians Health Plans (UPHP) Prior Authorization Grid October 1, 2010 (continued)

AHCCCS Plans Maricopa Health Plan / University Family Care		State Sponsored Program Healthcare Group		Special Needs Plan Maricopa Care Advantage / University Physicians Care Advantage	
SERVICES	PA	SERVICES	PA	SERVICES	PA
- Less than 21 Years of Age	PA	- Less than 21 Years of Age	PA	- Less than 21 Years of Age	PA
- 21 Year of Age & Over	NC	- 21 Year of Age & Over	PA	- 21 Year of Age & Over	PA
Implants		Implants		Implants	
- Artificial joints	PA	- Artificial joints (Hip and knee replacements only)	PA	- Artificial joints	PA
- Stimulators, bone, brain, spinal, nerve	PA	- Stimulators, bone, brain, spinal, nerve	NC	- Stimulators, bone, brain, spinal, nerve	PA
- Cochlear Implants/Bone-Anchored Hearing Aids, Less than 21 Years of Age	PA	- Cochlear Implants/Bone-Anchored Hearing Aids, Less than 21 Years of Age	NC	- Cochlear Implants/Bone-Anchored Hearing Aids, Less than 21 Years of Age	PA
- Cochlear Implants/Bone-Anchored Hearing Aids, 21 Years of Age & Over	NC	- Cochlear Implants/Bone-Anchored Hearing Aids, 21 Years of Age & Over	NC	- Cochlear Implants/Bone-Anchored Hearing Aids, 21 Years of Age & Over	PA
Laboratory		Laboratory		Laboratory	
- Cytogenetic studies/Phenotyping/DNA	PA	- Cytogenetic studies/Phenotyping/DNA	NC	- Cytogenetic studies/Phenotyping/DNA	PA
Maternity Services		Maternity Services		Maternity Services	
- Global Obstetrical Package	PA	- Global Obstetrical Package (Select Plans)	PA	- Global Obstetrical Package	PA
- OB Ultrasounds not included in OB Package	PA	- OB Ultrasounds not included in OB Package	PA	- OB Ultrasounds not included in OB Package	PA
- Genetic Counseling	PA	- Genetic Counseling	NC	- Genetic Counseling	PA
- Abortion / Pregnancy Termination	PA	- Abortion / Pregnancy Termination	PA	- Abortion / Pregnancy Termination	PA
- Circumcision, Routine	NC	- Circumcision, Routine (within 30 days of birth)	NO PA	- Circumcision, Routine	NC
Neuropsychological/Neuropsychiatric Eval	PA	Neuropsychological/Neuropsychiatric Eval	NC	Neuropsychological/Neuropsychiatric Eval	PA
Nutrition		Nutrition		Nutrition	
- Nutritional Therapy, Enteral/Parenteral	PA	- Nutritional Therapy, Enteral/Parenteral	PA	- Nutritional Therapy, Enteral/Parenteral	PA
Orthotics Greater Than \$300.00		Orthotics Greater Than \$300.00		Orthotics Greater Than \$300.00	
- Less than 21 Years of Age	PA	- Less than 21 Years of Age	PA	- Less than 21 Years of Age	PA
- 21 Years of Age & Over, limited to the following codes only: L0859, L0861, L0980, L0982, L0984, L2810, L2840, L2850, L4000, L4002, L4010, L4020, L4030, L4060, L4070, L4080, L4090, L4100, L4110, L4130, L4205, L4210, L4392, L4394 & A codes. All other orthotics are not covered benefits	PA	- 21 Years of Age & Over	PA	- 21 Years of Age & Over	PA
Outpatient surgery		Outpatient surgery		Outpatient surgery	
- Except Cataracts, Tonsils, Adenoids, & Myringotomy with tubes	PA	- Except Cataracts, Tonsils, Adenoids, & Myringotomy with tubes	PA	- Except Cataracts, Tonsils, Adenoids, & Myringotomy with tubes	PA
Pain Management Services	PA	Pain Management Services	PA	Pain Management Services	PA
Personal Services	PA	Personal Services	NC	Personal Services	PA
Personal Care Items	NC	Personal Care Items	NC	Personal Care Items	NC
Plastic Surgery Consults and Procedures	PA	Plastic Surgery Consults and Procedures	PA	Plastic Surgery Consults and Procedures	PA
Services of a Podiatrist, Incl. Diabetic Foot Care, Less than 21 Years of Age	PA	Services of a Podiatrist, Incl. Diabetic Foot Care, Less than 21 Years of Age	PA	Services of a Podiatrist, Incl. Diabetic Foot Care, Less than 21 Years of Age	PA
Services of a Podiatrist, Incl. Diabetic Foot Care, 21 Years of Age & Over	NC	Services of a Podiatrist, Incl. Diabetic Foot Care, 21 Years of Age & Over	PA	Services of a Podiatrist, Incl. Diabetic Foot Care, 21 Years of Age & Over	PA
Prosthetic Devices Greater Than \$300.00		Prosthetic Devices Greater Than \$300.00		Prosthetic Devices Greater Than \$300.00	
- Less than 21 Years of Age	PA	- Less than 21 Years of Age	PA	- Less than 21 Years of Age	PA
- 21 Years of Age & Over, codes L5856, L5857, L5858 & L5973- not covered	PA	- 21 Years of Age & Over	PA	- 21 Years of Age & Over	PA
Pulmonary Rehabilitation, Outpatient	PA	Pulmonary Rehabilitation, Outpatient	PA	Pulmonary Rehabilitation, Outpatient	PA
Radiology and Medical Imaging		Radiology and Medical Imaging		Radiology and Medical Imaging	
- MRA	PA	- MRA	PA	- MRA	PA
- MRI	PA	- MRI	PA	- MRI	PA
Rehabilitation Outpatient Therapies		Rehabilitation Therapies, some limits apply		Rehabilitation Therapies	
- Physical Therapy, Less than 21 Years of Age	NO PA	- Physical Therapy, Less than 21 Years of Age	PA	- Physical Therapy, Less than 21 Years of Age	PA
- Occupational Therapy, Less than 21 Years of Age	NO PA	- Occupational Therapy, Less than 21 Years of Age	PA	- Occupational Therapy, Less than 21 Years of Age	PA
- Speech Therapy, Less than 21 Years of Age	NO PA	- Speech Therapy, Less than 21 Years of Age	PA	- Speech Therapy, Less than 21 Years of Age	PA
- Physical Therapy, 21 Years of Age & Over, Limit of 15 visits per Contract Year/Oct-Sept	NO PA	- Physical Therapy, 21 Years of Age & Over	PA	- Physical Therapy, 21 Years of Age & Over	PA
- Occupational Therapy, 21 Years of Age & Over	NC	- Occupational Therapy, 21 Years of Age & Over	PA	- Occupational Therapy, 21 Years of Age & Over	PA
- Speech Therapy, 21 Years of Age & Over	PA	- Speech Therapy, 21 Years of Age & Over	PA	- Speech Therapy, 21 Years of Age & Over	PA
Sleep Studies, Must be split-night study	PA	Sleep Studies	NC	Sleep Studies	PA
Transportation		Transportation		Transportation	
- Air Transport, non emergent	PA	- Air Transport, non emergent	NC	- Air Transport, non emergent	PA
- Inter-facility transfers, non emergent	NO PA	- Emergency transport only	NO PA	- Inter-facility transfers, non emergent	NO PA
Transplants - restricted coverage - inquire with Health Plan for details.	PA	Transplants - Not covered except:		Transplants - Covered per Medicare Guidelines	PA
		- Corneal	PA		
		- Kidney	PA		
Vision		Vision		Vision	
- Less than 21 Years of Age	NO PA	- Less than 21 Years of Age, Glasses & Contact Lenses	NC	- Less than 21 Years of Age, Value-Added Benefits Only (see member's benefits)	NO PA
- 21 Years of Age & Older: 1 Time only vision check and glasses/contact lenses post cataract removal only	PA	- 21 Years of Age & Older, Glasses and Contact Lenses	NC	- 21 Years of Age & Older, Value-Added Benefits Only (see member's benefits)	NO PA
Well Exams		Well Exams		Well Exams	
- Less than 21 Years of Age	NO PA	- Less than 21 Years of Age	NO PA	- Less than 21 Years of Age	NO PA
- 21 Years of Age & Over (excluding:mammograms,pap smears and colonoscopies	NC	- 21 Years of Age & Over	NO PA	- 21 Years of Age & Over	NO PA
Wound Care, Outpatient	PA	Wound Care, Outpatient	PA	Wound Care, Outpatient	PA

When provided by a contracted, in-network provider and within the member network option, the following services do NOT require a prior authorization or PCP referral:
CT Scans, Dialysis, EMG / NCV, Interventional cardiology (cardiac cath, angiography, PTCA, pacing study), Outpatient chemotherapy, Outpatient Radiation therapy, PET Scans, PUVA



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