

QUICK REFERENCE FOR PRIOR AUTHORIZATIONS

Some services for foster children must be submitted to CMDP for prior authorization before the service is rendered in order to receive CMDP reimbursement. A request to perform these services must be submitted by the physician or provider for CMDP's review and approval using the appropriate CMDP prior authorization form for the service being requested. If CMDP has not approved service(s) requiring prior authorization, the provider's claim for payment will be denied (A.A.C. R6-5-6007). Please refer to the PA Matrix on our website at www.azdes.gov/dcyf/cmdpe for additional information.

SERVICES REQUIRING PRIOR AUTHORIZATION:

1. **Non-emergent hospitalization**, elective surgery and procedures associated with such surgery. All medical services and treatment are subject to review.
2. **Outpatient therapy services**, including speech, audiology, occupational, physical, respiratory, radiation, chemotherapy and nutritional counseling.
3. **Rentals of medical equipment** require prior authorization. Total expense of rentals must not exceed the purchase price on the AHCCCS Fee Schedule. All purchases of medical supplies and equipment in excess of \$300.00 per item require prior authorization. Medically necessary items following hospital discharge for a period of 30 days or less, and equipment ordered on an emergency basis do not require prior authorization, but are subject to retrospective review. Nutritional supplements/formulas require prior authorization and completion of the "AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements" form.
4. **Eyeglasses** are covered per AHCCCS Fee Schedule, without a prior authorization. Frames and lenses vary in fees according to HCPCS codes. All lenses require a copy of the prescription with the claim. Scratch coating is allowed up to the maximum on the AHCCCS Fee Schedule. Polycarbonate lenses are allowed with claims paid by report. **HCPCS code V2799 is used for polycarbonate and a separate code is required for the lenses.** Bifocals and repairs do not require prior authorization. Tinted lenses are not covered unless medically necessary. Contact lenses require prior authorization and are subject to medical necessity review.
5. **All genetic testing.**
6. **Home health care**, supplies and services (*includes skilled nursing care*).
7. **Obstetrical and maternity care.** Request for prior authorization should be received by CMDP immediately following the first OB visit and must include a copy of the ACOG form.
8. **Chiropractic services.** All chiropractic services must have an M.D./D.O. referral attached to the prior authorization request.
9. **Orthodontia**, including the initial workup, requires prior authorization based on documentation. Once the initial workup is approved, x-rays, models, tracings and photographs must be included when requesting prior authorization for orthodontia treatment. **Routine and preventive dental services do not require prior authorization.** Refer to the Dental Matrix and CMDP Dental Policy and Procedures for additional information.
10. **Non-emergent medical transportation** that is medically necessary, when all other sources are unavailable.
11. **Psychological testing**, for an acute or chronic brain disorder requires prior authorization for medical necessity (*e.g., head injury following an accident, cerebral hemorrhage, seizure disorder*).
12. **Behavioral Health.** AHCCCS eligible members (Title XIX & XXI) receive behavioral health services through the local Regional Behavioral Health Authority (RBHA). **Prescriptions written by a RBHA psychiatrist must be filled through the RBHA contracted pharmacies.** Services for non-AHCCCS eligible members (non-Title XIX & XXI) require prior authorization from CMDP. Prescriptions may require prior authorization.

EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

However, they are subject to retrospective review. - The following services require notice to CMDP.

- **Emergency medical transports.** CMDP must be notified of all emergency medical transports within **ten (10) days**.
- **Emergency Room visits.** Hospital emergency room staff are to notify CMDP within **12 hours** of service delivery.
- **Hospital admission.** Hospital staff must notify CMDP within **24 hours** of admission.

**To notify CMDP, contact Hospital Notification at 1-800-201-1795
or send CMD-035, FAX Notification to (602) 351-8529.**

NON-COVERED SERVICES AND ITEMS

CMDP WILL NOT reimburse providers for the following expenses:

1. Care or services not required for the prevention, diagnosis or treatment of a condition, illness or injury. This includes routine drug testing for non-medical reasons.
2. Non-medical items such as shampoo, haircuts and mouthwash. Diapers are not covered unless determined medically necessary and meet specific criteria.
3. Service for which no charge would have been rendered in the absence of this program.
4. Expenses for cosmetic services or devices that are not medically necessary. Those necessary for the psychological well-being of the child will require prior authorization.
5. That portion of the cost of any covered service which exceeds allowable charges in the CMDP fee schedule. Determination and payment **shall represent PAYMENT IN FULL for the services rendered. Any additional charge is prohibited and will not be paid.**
6. Services which required prior authorization or notification when such authorization was not obtained or was denied.
7. Services for which “**clean**” claims have not been submitted within six (6) months of the date of service.
8. Expenses for non-spontaneous abortion procedures, abortion referrals to physicians or agencies which offer abortion procedures, or for abortion-related counseling. Exceptions to this are pregnancies that endanger the life of the mother as certified by a physician. (*See CMDP Provider Manual for additional exceptions.*)
9. Care provided by individuals who are not properly licensed and/or certified or not registered with AHCCCS.
10. Drugs not prescribed by a medical professional with proper credentials.
11. Services of naturopaths.
12. Services provided to a foster child who is an inmate of a public institution or who is in the custody of a state mental health facility.

It is the responsibility of the service provider to obtain prior authorization, as required, and to submit claims for payment to CMDP at the following location:

Arizona Department of Child Safety
Comprehensive Medical and Dental Program, 942C
P.O. Box 29202 • Phoenix, Arizona 85038-9202
(602) 351-2245 • 1-800-201-1795 • FAX (602) 351-8529

Please direct any questions, requests for prior authorizations and forms to the address above. If you do not have a CMDP Provider Manual, please request one. Your cooperation and compliance with the procedures is greatly appreciated.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DES está disponible a solicitud del cliente. • Disponible en español en la oficina local.