

## SCAN Long Term Care Prior Authorization (PA) Requirements

<b>BENEFIT</b>	<b>SCAN Long Term Care</b>
<b>INPATIENT CARE</b>	
<b>Inpatient Hospital Care</b>	Auth Needed
<b>Inpatient Mental Health Care/Behavioral Health</b>	Auth Needed
<b>Outpatient Mental Health</b>	Auth Needed
<b>Skilled Nursing Facility</b>	Auth Needed - Custodial auth will be entered by the CM
<b>OUTPATIENT CARE</b>	
<b>Acupuncture</b>	Not a Covered Benefit
<b>All Out Patient Medical Procedures</b>	Auth needed for any hospital based or Free Standing Facility including but not limited to: Infusion, IV Therapy/Chemotherapy, Maternity/OB Testing, Pain Management, Sleep Studies
<b>Allergy/Immunology</b>	Auth Needed
<b>Ambulance Services</b>	No auth needed if it is considered emergent
<b>Bariatric Surgery Referrals or Procedures</b>	Auth Needed
<b>Blood Transfusions</b>	No auth needed, if being done within network
<b>Cardiac Testing</b>	

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	No auth needed, if being done within network. Nuclear Testing does need auth.
<b>Chiropractic</b>	Auth Needed
<b>Circumcision</b>	Auth Needed
<b>Cochlear Implants</b>	Auth Needed
<b>CT SCAN</b>	No auth needed, if being done within network
<b>Dermatology</b>	No auth needed, if being done within network
<b>Diabetes Self-Monitoring Supplies</b>	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria
<b>Diagnostic tests, x-rays &amp; Labs</b>	Auth needed if Angioplasty, BAER, Capsule Diagnostic Endoscopes, Embolization, EPS, ECP, Gait Motion Analysis, Neuropsychological testing, Pain Management, Paracentesis, PET Scans, SPECT Scans, Stent Placement, Unlisted Radiological Exams, Video for 24 hr EEG. <b>NO auth is needed for Ultrasounds, echocardiograms, venous doppler, Nerve Conduction Test, and EMG</b>
<b>Diapers</b>	Auth Needed for all Incontinent briefs for members with a documented disability, in order to

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	prevent skin breakdown, and to enable participation in social, community, therapeutic and educational activities.
<b>Doctor Office Visit</b>	No auth needed as long as they are contracted and are NOT one of the following: Podiatry, Chiropractor, Plastic, <b>Pain Management visits over 6 visits</b> , Ophthalmology, Allergy/Immunology >21, Oral Maxofacial Surgeon, and Second Opinions
<b>Durable Medical Equipment</b>	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria
<b>Emergency Care</b>	No auth needed
<b>Endoscopy or Upper GI</b>	No auth needed, if being done within network
<b>Enteral or Parental Nutrition</b>	Auth needed if cost exceeds \$1000.00 and has to meet AHCCCS Guidelines
<b>Genetic Testing</b>	Auth Needed
<b>Home and Community Based Services</b>	Auth Needed - Contact CM
<b>Home Health Care</b>	Auth Needed - Acute services (wound care/injections) will be entered by Medical Management

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<b>Hospice</b>	Auth Needed
<b>Infertility</b>	Not a Covered Benefit
<b>IV or PICC Line Placement</b>	No auth needed, if being done within network
<b>Medical Foods</b>	Auth Needed
<b>Modified Barium Swallows</b>	No auth needed, if being done within network
<b>MRI/MRA</b>	No auth needed, if being done within network
<b>Myleogram/Discogram</b>	No auth needed, if being done within network
<b>Oral Nutritional Supplements <math>\leq 21</math></b>	Auth needed The Certificate of Medical Necessity for Commercial Oral Supplements (EPSDT Members) must be completed. Copy of certificate is also located on the SCAN website.
<b>Oral Nutritional Supplements <math>\geq 21</math></b>	Auth needed The Certificate of Medical Necessity for Commercial Oral Supplements (ALTCS Members 21 years of Age and Older) must be completed. Copy of certificate is also located on the SCAN website.
<b>Oral Maxofacial Surgery</b>	

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	Auth Needed
<b>Outpatient Substance Abuse</b>	Auth Needed
<b>Outpatient Surgery</b>	Auth needed for a hospital or freestanding surgical center.
<b>Outpatient Therapy Evaluation (OT,PT &amp; ST) ONLY</b>	No auth needed, if being done within network
<b>Outpatient Therapy (OT,PT &amp; ST) Visits</b>	Auth needed for Cardiac Rehab, Neuro-cognitive Rehabilitation, Occupational Therapy, Physical Therapy, Speech Therapy, Pulmonary Rehabilitation, Respiratory Therapy - see SCAN Therapy Guidelines
<b>Pain Management Evaluation and less than 5 visits</b>	NO auth needed for Evaluation + 5 follow ups, if being done within Network
<b>Pain Management over 6 visits</b>	Auth needed
<b>Peg Tube or G-Tube Placement</b>	No auth needed, if being done within network
<b>Podiatry Services</b>	Auth Needed - except for routine DM/PVD foot care
<b>Prosthetic Devices</b>	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria
<b>Physician Office Based Procedures</b>	

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	Auth is needed for Allergy Serum, Allergy Testing > age 21, Amniocentesis, Biofeedback, Cataract Surgery, Chemotherapy, Chorionic Villus Sampling, Laser Surgical Procedures, Osteopathic Manipulation, Pain Management, Podiatry Procedures, PUVA Therapy, Sleep Studies, Travel Immunizations.
<b>Sclerotherapy</b>	Auth Needed
<b>Second Opinions</b>	Auth Needed
<b>Substance Abuse Treatment</b>	Auth Needed
<b>Transplant Services</b>	Auth Needed - Refer to Transplant Coordinator in Medical Management Department
<b>Urgent Care</b>	No auth needed
<b>PREVENTIVE SERVICES</b>	
<b>Bone Mass Measurement</b>	Auth needed if females <50 and males <70
<b>Colorectal Screening Exams</b>	No auth needed for regular colonoscopy <b>with or without biopsy</b> Auth needed if Virtual Colonoscopy
<b>Dental Services</b>	Dental Services for ≤21: No PA needed for preventative therapeutic dental services <21. Dental Services for >21: Emergency Dental

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	services only – No auth is needed.
<b>Dentures</b>	Not a Covered Benefit
<b>ESRD/ Dialysis</b>	No auth is needed
<b>Hearing Services</b>	No auth needed if age $\leq$ 21 Auth needed for hearing testing, aids and services age $\geq$ 21
<b>Immunizations</b>	No auth needed
<b>Mammograms</b>	NO auth Mammogram if female >35 Auth needed if Mammogram if female <35
<b>Pap Smears and Pelvic Exams</b>	No auth needed for Well Women's Exam
<b>Prescription Drugs</b>	See Formulary for detailed Explanation. No PA required for all formulary drugs EXCEPT for drugs listed with PAR (Prior Authorization Required) and drugs listed with ST (Step Therapy). Contact the PBM (Express Scripts) at (800) 417-8164 for any PA medication requests.
<b>Prostate Cancer Screening</b>	No auth needed for Well Man Exam
<b>Routine Vision Services for DM Members</b>	No auth is needed for routine eye exams for members with Diabetes - as long as they are in network

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<b>Routine Vision Services (routine)</b>	<p style="text-align: center;">Not covered <math>\geq</math> age 21. No PA <math>\leq</math> age 21</p> <p style="text-align: center;">One pair of eyeglasses after each cataract surgery that does not include insertion of an intraocular lens.</p>
<b>Smoking Cessation</b>	<p style="text-align: center;">See Formulary for detailed Explanation. No PA required for all formulary drugs EXCEPT for drugs listed with PAR (Prior Authorization Required) and drugs listed with ST (Step Therapy). Contact the PBM (Express Scripts) at (800) 417-8164 for any PA medication requests.</p>
<b>Transportation</b>	Yes

# **SCAN Long Term Care Prior Authorization (PA) Requirements**

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- **PA is required for all Inpatient admissions - in network, out of network, and copayment**
- **No Authorization is needed for copayments that are related to Plan Covered Services other than inpatient requests**
  - **PA is required for all codes related to a service requiring PA**
    - **Contracted laboratory must be used**