

SCAN Health Plan AZ
Prior Authorization (PA) Requirements

BENEFIT	SCAN Dual SNP as of 10/19/09
INPATIENT CARE	
Inpatient Hospital Care	Auth Needed. \$0 yearly deductible. \$0 copay. Plan covers 90 days each benefit period.
Inpatient Mental Health Care/Behavioral Health	Auth Needed \$0 yearly deductible. \$0 copay. Members get up to 190 days in a Psychiatric Hospital in a lifetime.
Outpatient Mental Health	Auth Needed
Skilled Nursing Facility	Auth Needed \$0 yearly deductible. \$0 copay for SNF services. You will not be charged additional cost sharing for professional services. For non-Medicare-covered SNF stays: Days 1 - 20: \$0 per day Days 21 - 100: \$0 per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.
OUTPATIENT CARE	
Acupuncture	Not a Covered Benefit

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All Out Patient Medical Procedures	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
Allergy/Immunology	Auth needed
Ambulance Services	No auth needed if it is considered emergent
Bariatric Surgery Referrals or Procedures	Auth Needed
Blood Transfusions	No auth needed, if being done within network
Cardiac Testing	No auth needed, if being done within network. Nuclear Testing does need auth.
Chiropractic	Auth Needed
Circumcision	Auth Needed
Cochlear Implants	Auth needed
CT SCAN	No auth needed, if being done within network
Dermatology	No auth needed, if being done within network
Diabetes Self-Monitoring	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria

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Supplies	
Diagnostic tests, x-rays & Labs	<p style="text-align: center;">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.</p> <p style="text-align: center;">NO auth is needed for Ultrasounds, echocardiograms, venous doppler, Nerve Conduction Test, and EMG</p>
Diapers	<p style="text-align: center;">Auth Needed for all Incontinent briefs for members with a documented disability, in order to prevent skin breakdown, and to enable participation in social, community, therapeutic and educational activities.</p>
Doctor Office Visit	<p style="text-align: center;">No auth needed as long as they are contracted and are NOT one of the following: Podiatry, Chiropractor, Plastic, Pain Management visits over 6 visits, Ophthalmology, Allergy/Immunology >21, Oral Maxofacial Surgeon, and Second Opinions</p>
Durable Medical Equipment	<p style="text-align: center;">Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria</p>
Emergency Care	No auth needed
Endoscopy or Upper GI	

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	No auth needed, if being done within network
Enteral or Parental Nutrition	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria
Genetic Testing	Auth Needed
Home and Community Based Services	Not a Covered Benefit
Home Health Care	Auth Needed NO Copay
Hospice	Hospice care will revert back to Medicare FFS
Infertility	Not a Covered Benefit
IV or PICC Line Placement	No auth needed, if being done within network
Medical Foods	Not a Covered Benefit
Modified Barium Swallows	No auth needed, if being done within network
MRI/MRA	No auth needed, if being done within network
Myleogram/Discogram	No auth needed, if being done within network
Oral Nutritional Supplements	Not a Covered Benefit

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Oral Maxofacial Surgery	Auth Needed
Outpatient Substance Abuse	Auth Needed
Outpatient Surgery	Auth needed for a hospital or freestanding surgical center.
Outpatient Therapy Evaluation (OT,PT & ST) ONLY	No auth needed, if being done within network
Outpatient Therapy (OT,PT & ST) Visits	Auth needed for Cardiac Rehab, Neurocognitive Rehabilitation, Occupational Therapy, Physical Therapy, Speech Therapy, Pulmonary Rehabilitation, Respiratory Therapy see SCAN Therapy Guidelines
Pain Management Evaluation and less than 5 visits	NO auth needed for Evaluation + 5 follow ups, if being done within Network
Pain Management over 6 visits	Auth needed
Peg Tube or G-Tube Placement	No auth needed, if being done within network
Physician Office Based Procedures	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

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	Therapy, Sleep Studies, Travel Immunizations.
Podiatry Services	Auth Needed - except for routine DM/PVD foot care
Prosthetic Devices	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria
Sclerotherapy	Auth Needed
Second Opinions	Auth Needed
Substance Abuse Treatment	Auth Needed
Transplant Services	Auth Needed - Refer to Transplant Coordinator in Medical Management Department
Urgent Care	No auth needed
PREVENTIVE SERVICES	
Bone Mass Measurement	Auth needed if females <50 and males <70
Colorectal Screening Exams	No auth needed for regular colonoscopy with or without biopsy Auth needed if Virtual Colonoscopy
Dental Services	Auth Needed Limitation – surgery of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatment of neoplastic cancer
	Not a Covered Benefit

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Dentures	
ESRD/ Dialysis	No auth is needed
Hearing Services	Auth needed for hearing testing, aids and services age > 21
Immunizations	No auth needed
Mammograms	NO auth Mammogram if female >35 Auth needed if Mammogram if female <35
Pap Smears and Pelvic Exams	No auth needed for Well Women's Exam
Prescription Drugs	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.
Prostate Cancer Screening	No auth needed for Well Man Exam
Smoking Cessation	Not a Covered Benefit
Routine Vision Services for DM Members	No auth is needed for routine eye exams for members with Diabetes as long as they are in network

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Routine Vision Services (routine)	<p style="text-align: center;">No PA Required for Network Providers</p> <ul style="list-style-type: none"> • \$25 for each routine eyeexam, limited to 1 exam every year. • \$0 for glasses, limited to 1 pair of glasses every two years. • \$0 for contacts, limited to 1 pair of contacts every two years. • \$0 for lenses, limited to 1 pair of lenses every two years. • \$0 for frames, limited to 1 frame every two years <p style="text-align: center;">\$50 limit for hardware and contacts</p> <p style="text-align: center;">One pair of eyeglasses or contact lenses after each cataract surgery that does not include insertion of an intraocular lens.</p>
Transportation	Not a Covered Benefit

- **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**