

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	
ERRANDS AND / OR SERVICES REQUIRE PRE-AUTHORIZATION WITH THE EXCEPTION	PA	SERVICES	PA	SERVICES	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, L4390, L4392, L4394 & A codes. All other orthotics are not covered benefits	PA	- 21 Years of Age & Over		- 21 Years of Age & Over	
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	NO PA	- 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 and 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 Radiationtherapy, PET Scans, PUVa



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