

Advance Notification Requirements for Arizona Children's Rehabilitative Services (CRS) Effective October 1, 2014



Important Information:

- Specialty Care Service are services provided for a specific CRS condition listed on the Master Diagnosis List. Specialty Care services rendered outside the MSIC for conditions listed on the CRS Master Diagnosis List require Prior Authorization.
 - The **Master Diagnosis List** can be found at: www.uhcommunityplan.com
- Primary Care Services for CRS Fully Integrated and CRS Partially Integrated Acute members do not require prior authorization when provided by a CRS contracted provider.
- Specialist services for non CRS related services provided by a CRS contracted specialist do not require authorization
- All Out of State services require authorization with medical documentation to support the request.
- ALL rendering providers/facilities/vendors must be actively AHCCCS registered.
- The member must be eligible at the time the covered service is rendered.
- Authorization is not a guarantee of payment. Billing guidelines must be met
- Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services, as outlined by the Arizona Health Cost Containment Care System (AHCCCS)

Important Reminders:

- All services must be covered benefits as outlined by the Arizona Health Care Cost Containment System (AHCCCS) program and as defined by AHCCCS for one of the CRS four plan types (see list below).
- ALL services may be submitted via UHC Online Portal (preferred method), Phone or Fax.
 - ♦ Instructions for submitting prior authorization requests online, can be found at: www.uhcommunityplan.com

Medical Prior Authorization FAX number: 1-888-899-1499 or CALL 1-866-604-3267

Children's Rehabilitative Services (CRS) Plan type Definitions:

CRS Fully Integrated	Members receiving all CRS, Acute Health Plan benefits and Behavioral Health services, provided by UnitedHealthcare Community Plan (UHCCP)
CRS Partially Integrated Acute	American Indian (AI) members receiving all acute health and CRS related services from UHCCP but receiving behavioral health services from a Tribal RBHA (T/RBHA)
CRS Partially Integrated Behavioral Health (BH)	CMDP and DD members receive Behavioral Health and CRS related services from UHCCP. Acute health services will be covered by the Primary program of enrollment (For DD members, the primary program may be UHCCP or other contractor) Coverage: CRS and BH Conditions Only* (Contact Primary AHCCCS Health Plan for other medical services)
CRS Only	Members receiving all CRS related services from UHCCP, receiving acute health services from the Primary program of enrollment, and receiving behavioral health services as follows: <ul style="list-style-type: none"> • CMDP and DDD members from a Tribal RBHA (T/RBHA) • AIHP members from a T/RBHA. CRS Only also includes ALTCS/EPD, American Indian Fee for Service members Coverage: CRS Conditions Only* (Contact Primary AHCCCS Health Plan for other medical services)

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans			
Bariatric Surgery Inpatient and outpatient bariatric surgery and specific obesity-related services	Authorization required	Authorization required for CRS Condition related service only	43644 43659 43773 43843 43848 43882 64590 0312T 0316T	43645 43770 43774 43845 43860 43886 95980 0313T 0317T	43647 43771 43775 43846 43865 43887 95981 0314T	43648 43772 43842 43847 43881 43888 95982 0315T
Bone-Anchored Hearing Aids for members less than 21 years old	Members 21 years of age and older: Hardware is not a covered benefit. Repair and maintenance of component parts is a covered benefit. Clinical documentation must accompany and establish the need for this service request..		L8690	L8692		
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures	Authorization required	Authorization required for CRS Condition related service only	20974 E0748	20975 E0749	20979	E0747
BRCA Genetic Testing	Authorization required	Authorization required for CRS Condition related service only Contact Acute Health Plan for any other request	81211 81215	81212 81216	81213 81217	81214
Breast Reconstruction (Non Mastectomy) Reconstruction of the breast except for post mastectomy	Authorization required	Authorization required for CRS Condition related service only	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Chiropractic Care	For members less than 21 years old or QMB: No authorization required. Not a covered benefit for members ≥ 21 years old	Contact member assigned MSIC when related to CRS Condition only				
Circumcision	Authorization should only be requested if procedure is medically necessary. Routine Circumcision is not a covered benefit.	Contact Primary AHCCCS Medicaid Health Plan	54150	54160	54161	54162
Cochlear Implants for members less than 21 years old	Members less than 21 years old: CPT Codes identified require prior authorization. Members 21 years of age and older: Hardware is not a covered benefit. Repair and maintenance of component parts is a covered benefit. Clinical documentation must accompany and establish the need for this service request.t		L8614			

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Cochlear and Other Auditory Implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>Prior Authorization required</p>	<p>Authorization required for CRS related Condition only</p>	<p>69710 69717 92602 L8615 L8619 L8624 L8691</p>	<p>69711 69718 92603 L8616 L8621 L8627 L8692</p>	<p>69714 69930 92604 L8617 L8622 L8628 L8693</p>	<p>69715 92601 L8614 L8618 L8623 L8690</p>
<p>Cosmetic and Reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior Authorization required</p>	<p>Authorization required for CRS related Condition only</p>	<p>11920 15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67901 67906 67912 67917 67924 69320</p>	<p>11922 15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67902 67908 67914 67921 67950 Q2026</p>	<p>11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 40500 67903 67909 67915 67922 67961 Q2027</p>	<p>11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67900 67904 67911 67916 67923 67966</p>
<p>Diabetic Supplies Provided by Pharmacy</p>	<p>Talking Glucometers available through the prior authorization process</p>	<p>Talking Glucometers available through the prior authorization for CRS Condition only</p>	<p>Website for finding a provider or vendor: http://www.uhccommunityplan.com/health-professionals/az/members-information.html</p>			
<p>Durable Medical Equipment (DME) <u>Services not covered by Preferred Homecare</u></p> <ul style="list-style-type: none"> • Bone Stimulators • Enclosed Beds • Insulin Pumps • Percussion Vests • Specialty Beds • Wound Vacs 	<p><u>Services not covered by Preferred Homecare</u>: Please refer to the Provider Manual for contracted Vendors related to these products</p>	<p><u>Services not covered by Preferred omecare</u>: Please refer to the Provider Manual for contracted Vendors related to these products for CRS Conditions only</p>	<p>Website for finding a provider or vendor: http://www.uhccommunityplan.com/health-professionals/az/members-information.html</p>			
<p>Durable Medical Equipment (DME) Prosthetics are not DME (see Prosthetics and Orthotics)</p>	<p>Call Preferred Homecare at 800-636-2123</p>	<p>Call Preferred Homecare at 800-636-2123 for CRS related Condition only</p>				

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans				
Enteral Services In home nutritional therapy either enteral or through a gastrostomy tube	Call Preferred Homecare @ 800-636-2123	Call Preferred Homecare @ 800-636-2123 for CRS related Conditions only					
Experimental or Investigational	Non-covered benefit under AHCCCS. See the AHCCCS Medical Policy Manual, Chapter 300, Policy 320-B for additional details: http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf		36514 61864 62264 64555 65767 95965 96002 0269T 0283T A9274 E0231 S1031 S8262	54240 61867 62290 64566 66180 95966 0085T 0270T 0285T A9276 E1831 S1040 S9988	55866 61868 62291 64722 95250 95967 0191T 0271T A4638 A9277 S0810 S2102 S9990	61863 61886 62292 65765 95251 95978 0262T 0282T A6000 A9278 S1030 S3652 S9991	
Genetic Testing	Authorization required (LabCorp contracted lab)	Authorization required (LabCorp contracted lab) for CRS related Condition only	88245 88260 88264 88272 88280 88291	88248 88261 88267 88273 88283 88299	88249 88262 88269 88274 88285	88250 88263 88271 88275 88289	88248
Hearing Services Hearing evaluations & hearing aids when completed outside of MSIC requires authorization	Contact member assigned MSIC for CRS related Condition only. All other conditions no prior authorization is required for members less than 21 years old Prior Authorization required for members 21 years of age and older.	Contact member assigned MSIC for CRS related Condition only					
Home Health Services	Prior Authorization required	Prior Authorization required if related to a CRS condition	99503 G0154 G0158 G0162 S9123 S9129	G0151 G0155 G0159 G0163 S9124 S9131	G0152 G0156 G0160 G0164 S9127 S9474	G0153 G0157 G0161 S9122 S9128 T1000	
Hospice	Prior Authorization required	Prior Authorization required for CRS related Condition only	(Not a covered benefit if not related to a CRS condition)				
Infusion In-Home Services	Call Preferred Homecare at 800-636-2123	Call Preferred Homecare at 800-636-2123 for CRS related Condition only					

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Injectable Medicatons For In-Home use	Call Preferred Homecare at 800-636-2123	Call Preferred Homecare at 800-636-2123 for CRS related Condition only				
Injectable Medications	Prior Authorization is required	Prior Authorization is required for CRS related Conditions only	Botox J0585 J0586 J0587 J0588 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1599 Makena J1725			
Insulin Pump	Prior Authorization is required		E0784			
Joint Replacement Outpatient and inpatient joint and total hip and knee replacement procedures	Prior Authorization required	Prior Authorization required for CRS Condition only	23470	23472	23473	23474
			24360	24361	24362	24363
			24370	24371	27120	27122
			27125	27130	27132	27134
			27137	27138	27412	27446
			27447	27486	27487	29866
			29867	29868	J7330	S2112
Laboratory Services	Call LabCorp at 866-433-7538	Call LabCorp at 866-433-7538 for CRS Condition only				
Neuropsychological Testing	Contact member assigned MSIC for CRS Condition only. For all other conditions, authorization required	Contact member assigned MSIC for CRS Condition only.	96116	96118	96119	96120
Non-Emergent Air Ambulance Transport	Authorization required	Authorization required for CRS Condition only (866-604-3267)	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment	Authorization required	Authorization required for CRS Condition only	21121	21122	21123	21125
			21127	21141	21142	21143
			21145	21146	21147	21150
			21151	21154	21155	21159
			21160	21188	21193	21194
			21195	21196	21198	21199
			21206	21208	21209	21210
			21215	21240	21242	21244
			21245	21246	21247	21248
			21249	21255	21296	21299
			30465			

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Orthotics and Prosthetics – Greater Than \$500 For members under 21 years of age</p> <p>Orthotics and prosthetics with a retail purchase or cumulative rental cost of more than \$500.</p>	<p>Contact member assigned MSIC for CRS Condition only. For all other conditions, Prior authorization is required</p>	<p>Contact member assigned MSIC for CRS Condition only.</p>	<p>L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595</p>	<p>L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600</p>	<p>L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610</p>	<p>L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611</p>

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans			
Orthotics and Prosthetics – Greater Than \$500 For members under 21 years of age (Continued)			L5613	L5614	L5616	L5639
			L5640	L5642	L5643	L5644
			L5645	L5646	L5647	L5648
			L5649	L5651	L5653	L5661
			L5673	L5679	L5681	L5682
			L5683	L5700	L5701	L5702
			L5703	L5705	L5706	L5707
			L5716	L5718	L5722	L5724
			L5726	L5728	L5780	L5781
			L5782	L5790	L5795	L5811
			L5812	L5814	L5816	L5818
			L5822	L5824	L5826	L5828
			L5830	L5840	L5845	L5848
			L5856	L5857	L5858	L5930
			L5950	L5960	L5961	L5962
			L5964	L5966	L5968	L5973
			L5976	L5979	L5980	L5981
			L5982	L5984	L5986	L5987
			L5988	L5990	L5999	L6000
			L6010	L6020	L6025	L6050
			L6055	L6100	L6110	L6120
			L6130	L6200	L6205	L6250
			L6300	L6310	L6320	L6350
			L6360	L6370	L6380	L6382
			L6384	L6400	L6450	L6500
			L6550	L6570	L6580	L6582
			L6584	L6586	L6588	L6590
			L6621	L6623	L6624	L6646
			L6648	L6686	L6687	L6689
			L6690	L6692	L6693	L6694
			L6695	L6696	L6697	L6704
			L6707	L6708	L6709	L6711
			L6712	L6713	L6714	L6715
			L6880	L6881	L6882	L6883
			L6884	L6885	L6895	L6900
			L6905	L6910	L6915	L6920
			L6925	L6930	L6935	L6940
			L6945	L6950	L6955	L6960
			L6965	L6970	L6975	L7007
			L7008	L7009	L7040	L7045
			L7170	L7180	L7181	L7185
			L7186	L7190	L7191	L7260
			L7261	L7274	L7405	L7499
			L8035	L8040	L8041	L8042
			L8043	L8044	L8045	L8046
			L8047	L8499	L8500	L8605

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans
Orthotics and Prosthetics – Greater Than \$500 For members under 21 years of age (Continued)			L8609 L8610 L8612 L8631 L8659 V2623 V2627
Orthotics Exceptions Members 21 years of age and older	An Orthotic Exception Form must accompany a request for the codes listed. The form can be found at the uhcommunityplan.com website link: http://www.uhcommunityplan.com/health-professionals/az/provider-forms.html		An Orthotic Exception Form must accompany the request for the items below: <ul style="list-style-type: none"> Halo to treat cervical fracture instead of surgery L0810 – L0861 Walking boot (to treat fractures or severe ligament injuries) L4350 – L4396 Knee orthotics for crutch dependent ambulation L1810 – L1860 excluding L1834, L1840, L1844, L1846
Outpatient Therapy – Physical Therapy	For CRS members Less than 21 years old and QMB Adults: Authorization required after 12 th visit For members 21 years of age and older: no authorization is required (see Benefit Limit)	Authorization required for CRS Condition only	Benefit Limit for Members 21 years old and over: Restorative therapy : 15 visit annual benefit limit Maintenance therapy: 15 visit annual benefit limit
Outpatient Therapy – Occupational & Speech Therapy	For CRS members Less than 21 years old and QMB Adults: Authorization required after 12 th visit For members 21 years of age and older: Not a Covered Benefit	Authorization required for CRS Condition only	
Percussive Vests for members less than 21 years old	Members 21 years of age and older: -Hardware is not a covered benefit -Repair and maintenance of component parts is a covered benefit -Clinical documentation must accompany and establish the need for this service request		E0493
Podiatry Services for members 21 years of age and older	Foot and Ankle Services provided by a podiatrist are no longer covered. Those services may be reimbursed if rendered by another clinician such as a physician, NP, or PA.		
Pregnancy Termination	Authorization required	Contact Primary AHCCCS Medicaid Health Plan	59840 59841 59850 59851 59852 59855 59856 59857 59866

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans			
Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)	Authorization required	Authorization required for CRS Condition only	77520	77522	77523	77525
Pharmacy Prior Authorization Required: Hemophilia Factor Drugs Pharmacy (Continued) Bio Tech Drugs <ul style="list-style-type: none"> • Aldurazyme • Ceprotin • Cerezyme • Elaprase • Fabrazyme • Lumizyme • Myozyme • Acthar Gel • Kuvan • Orfadin • Kalydeco 	Pharmacy Prior Authorizaiton: Call: 800-310-6826 FAX:866-940-7328 Specialty Pharmacy: FAX: 800-853-3844		To see the list of drugs requiring authorization, go to UHCommunityPlan.com > Pharmacy Program. Service Requests must Include 'J' code and NDC code for the medication requested			
Septoplasty and Rhinoplasty Treatment of nasal functional impairment and septal deviation	Authorization required	Authorization required for CRS related Condition only	30400 30435	30410 30450	30420 30460	30430 30462
Sleep Apnea Procedures and Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Authorization required	Contact Primary AHCCCS Medicaid Health Plan	21685	41530	42145	41599
Sleep Studies	Prior Authorization is required	Authorization required for CRS related Condition only	95805 95811	95807	95808	95810
Specialty/Enclosed Beds			E0193 E0255 E0265 E0290 E0294 E0298 E0304 E0329	E0194 E0256 E0266 E0291 E0295 E0301 E0315 E0462	E0250 E0260 E0270 E0292 E0296 E0302 E0316	E0251 E0261 E0280 E0293 E0297 E0303 E0328
Spinal Stimulator for Pain Management Spinal cord stimulators when implanted for pain management	Authorization required	Authorization required for CRS Condition only	63650	63655	63685	

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans			
Spinal Surgery Inpatient and outpatient spinal surgeries	Authorization required	Authorization required for CRS Condition only	22100 22101 22102 22110 22112 22114 22206 22207 22210 22212 22214 22220 22224 22532 22533 22548 22551 22554 22556 22558 22586 22590 22595 22600 22610 22612 22630 22633 22800 22802 22804 22808 22810 22812 22818 22819 22830 22849 22850 22852 22855 22856 22861 22864 22865 22899 63001 63003 63005 63011 63012 63015 63016 63017 63020 63030 63040 63042 63045 63046 63047 63050 63055 63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63170 63172 63173 63180 63182 63185 63190 63191 63194 63195 63196 63198 63199 63200 63250 63251 63252 63265 63267 63268 63270 63271 63272 63286 63300 63301 63302 63303 63304 63305 63306 63307 63308 64553 64570 0092T 0095T 0098T 0164T			
Sterilization	For Acute members less than 21 years old: Prior Authorization is required	For All DD members: Prior Authorization is required	52601 52630 52647 52648 52649 55250 55450 55801 55821 55831 58150 58180 58200 58210 58240 58260 58262 58263 58267 58270 58275 58280 58285 58290 58291 58292 58293 58294 58541 58542 58543 58544 58548 58550 58552 58553 58554 58565 58570 58571 58572 58573 58600 58605 58611 58615 58670 58671 58700 58951 58953 58954 58956 59135 59525			
Transplants	Prior Authorization is required	Prior Authorization is required if related to the CRS condition. Otherwise,	For transplant services, call OptumHealth 800-418-4994 or the notification number on the back of the			

Procedures and Services (Outpatient services provided by participating providers)	CRS Fully Integrated & CRS Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS Only	Codes for UnitedHealthcare Community Plan Benefit Plans			
Transplants (Continued)	For transplant services, call OptumHealth 800-418-4994 or the notification number on the back of the member's ID card	Contact Primary AHCCCS Medicaid Health Plan	member's ID card 32850 32851 32852 32853 32854 32855 32856 33226 33930 33933 33935 33940 33944 33945 38205 38206 38207 38208 38209 38210 38211 38212 38213 38214 38215 38230 38232 38240 38241 38242 44010 44015 44020 44021 44025 44050 44055 44100 44110 44111 44120 44121 44125 44126 44127 44128 44130 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47136 47140 47141 47142 47143 47144 47145 47146 47147 48160 48550 48551 48552 48554 48556 50300 50320 50323 50325 50327 50328 50329 50340 50360 50365 50370 50380 50547 54680 60512 0051T 0052T 0053T S2053 S2054 S2055 S2060 S2061 S2065 S2103 S2152 S9975			
Transportation (Non-Emergent: Taxi, Stretcher, Van)	Call MTBA at 888-700-6822	Call MTBA at 888-700-6822 for CRS Condition only				
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Authorization required	Authorization required for CRS Condition only	61885 64568 L8680 L8681 L8682 L8685 L8686 L8687 L8688 L8689			
Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Authorization required	Authorization required for CRS Condition only	36468 36475 36478 37700 37718 37722 37780			
Wound Vac	Authorization required	Authorization required for CRS Condition only	E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	CRS Fully Integrated & Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS only	Codes for UnitedHealthcare Community Plan Benefit Plans
<p>Behavioral Health Services Behavioral health services through a designated behavioral health network</p>	<p>Call 866-604-3267 Fax 888-899-1499</p>	<p>Refer to T/RBHA</p>	<ul style="list-style-type: none"> · Acute Inpatient admission · Residential Treatment Center (Level 1) · Residential Behavioral Health Facility – Level II/III Group Home · Behavioral Health Day Program <ul style="list-style-type: none"> ○ Supervised Day Program ○ Therapeutic Day Program ○ Medical Day Program · Out of State placement · Neuropsychological Testing
<p>Dental Services</p>	<p>Refer to UHC Dental department at 855-812-9208</p>	<p>Call 855-812-9208 for CRS Conditions with Dental</p>	<p>Dental CRS Benefit conditions:</p> <ul style="list-style-type: none"> · Cleft lip or palate · A cerebral spinal fluid diversion shunt where the member is at risk for sub-acute bacterial endocarditis · A cardiac condition where the member is at risk for sub-acute bacterial endocarditis · Dental complications arising as a result of treatment for a CRS condition · Documented significant functional malocclusion
<p>Eye Care/Optometry</p>	<p>Refer to NationWide Refer to Nation Wide 877-222-4218</p> <p>Contact members assigned MSIC for CRS Condition</p>	<p>Contact member assigned MSIC for CRS related Condition</p>	<p><u>For under 21 years of age</u></p> <ul style="list-style-type: none"> • 1 Routine Eye Exam every 12 Months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame selected up to \$79.99 retail price point • One replacement pair due to lost, stolen or damaged • Member may buy-up (pay the difference). They must sign a waiver <p><u>For Adults 21 years of age or older</u> When medically necessary to diagnose or treat diseases and conditions of the eye</p>
<p>Inpatient Admission</p>	<p>Notification is required</p>	<p>Notification required for CRS Condition only. Contact Primary AHCCCS Medicaid Health Plan for medical admissions not directly related to the CRS Condition</p>	

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	CRS Fully Integrated & Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS only	Codes for UnitedHealthcare Community Plan Benefit Plans
Out of Network Services			All out of network services require prior authorization.
Out of State Services	Contact member assigned MSIC for CRS Condition only Authorization required	Contact member assigned MSIC for CRS Condition only Authorization required	Benefit is only approved when service is emergent or unavailable in the State of AZ
Part B Specialty Drug (Medical Benefit) Prior Authorization			<p>Authorization is required for outpatient and office services for certain medical benefit specialty drugs.</p> <p>Specialty drugs do not require prior authorization when rendered in an emergency room, observation unit, urgent care center or during an inpatient stay.</p> <p>To request prior authorization, call 877-255-3092.</p> <p>To see the list of drugs requiring authorization, go to UHCCommunityPlan.com > Pharmacy Program.</p>
Radiology Prior Authorization			<p>Prior authorization is required for these advanced imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology.</p> <p>The health care professional ordering an advanced outpatient Imaging procedure is responsible for requesting and completing the prior authorization process before scheduling the procedure.</p> <p>To request prior authorization, call 866-889-8054.</p> <p>For more information, including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > Radiology > 2014 CPT Code List.</p>
Skilled Nursing Facility Services	Prior Authorization is required	Prior Authorization is required for CRS Condition only	
<p>Ventricular Assist Devices</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.</p>			<p>Fax OptumHealth at 877-814-0488 or call the notification number on the back of the member's ID card.</p> <p>Q0505 Q0507 Q0508 Q0509 33975 33976 33979 33981</p>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	CRS Fully Integrated & Partially Integrated Acute	CRS Partially Integrated Behavioral Health & CRS only	Codes for UnitedHealthcare Community Plan Benefit Plans	
			33982	33983