



# University Physicians Health Plans (UPHP) Prior Authorization Grid

All out-of-network referrals and/or services require pre-authorization with the exception of emergency services. Emergency services do not require Prior Authorization. All services are subject to network coverage, benefit, contract, and exclusions. Member must be eligible for coverage at the time the service is rendered. EPSDT Services by Contracted Providers do not require Prior Authorization with the exception of: Transplantations, Nutritional Therapies, and Nutritional Supplements.

**QUALIFIED MEDICARE BENEFICIARIES: For detailed benefit information and Prior Authorization requirements, please contact the Health Plan.**

This grid is intended to serve as a guideline. If you wish to provide services not listed here, please contact us at 1-800-582-8686.

AHCCCS Plans		State Sponsored Program		Special Needs Plan	
Maricopa Health Plan / University Family Care		Healthcare Group		Maricopa Care Advantage / University Physicians Care Advantage	
SERVICES	PA	SERVICES	PA	SERVICES	PA
<b>Admissions</b>		<b>Admissions</b>		<b>Admissions</b>	
- Inpatient, Elective	PA	- Inpatient, Elective	PA	- Inpatient, Elective	PA
- SNF	PA	- SNF	PA	- SNF	PA
- Rehab	PA	- Rehab	PA	- Rehab	PA
<b>Allergy, Less than 21 Years of Age</b>		<b>Allergy, Less than 21 Years of Age</b>		<b>Allergy, Less than 21 Years of Age</b>	
- Consults	NO PA	- Consults	NO PA	- Consults	NO PA
- Testing	PA	- Testing	NC	- Testing	PA
- Immunotherapy by Allergist	PA	- Immunotherapy by Allergist	NC	- Immunotherapy by Allergist	PA
<b>Allergy, 21 Years of Age &amp; Over</b>		<b>Allergy, 21 Years of Age &amp; Over</b>		<b>Allergy, 21 Years of Age &amp; Over</b>	
- Consults	NO PA	- Consults	NO PA	- Consults	NO PA
- Testing	NC	- Testing	NC	- Testing	PA
- Immunotherapy (Covered for life threatening conditions only)	NC	- Immunotherapy by Allergist	NC	- Immunotherapy by Allergist	PA
<b>Behavioral Health</b>		<b>Behavioral Health</b>		<b>Behavioral Health</b>	
- Comprehensive Mental Health Services	NC	- Comprehensive Mental Health Services	NC	- Comprehensive Mental Hlth Svcs (ie, PHP & IOP)	PA
<b>Cardiac Nuclear Medicine Testing</b>	PA	<b>Cardiac Nuclear Medicine Testing</b>	PA	<b>Cardiac Nuclear Medicine Testing</b>	PA
<b>Cardiac Rehabilitation, Outpatient</b>	PA	<b>Cardiac Rehabilitation, Outpatient</b>	PA	<b>Cardiac Rehabilitation, Outpatient</b>	PA
<b>Chiropractic Care</b>		<b>Chiropractic Care</b>		<b>Chiropractic Care</b>	
- Less than 21 Years of Age	PA	- Less than 21 Years of Age	NC	- Less than 21 Years of Age	PA
- 21 Years of Age & Over	NC	- 21 Years of Age & Over	NC	- 21 Years of Age & Over	PA
<b>Cosmetic Surgery / Items/Consults</b>	NC	<b>Cosmetic Surgery/Items/Consults</b>	NC	<b>Cosmetic Surgery/Items/Consults</b>	NC
<b>Dental Services, Less than 21 years of age</b>		<b>Dental Services, Less than 21 Years of Age</b>		<b>Dental Services, Less than 21 Years of Age</b>	
- Dentures	NC	- Dentures	NC	- Dentures	NC
- Oral surgery	PA	- Oral surgery	NC	- Oral surgery	PA
- Orthodontics	PA	- Orthodontics	NC	- Orthodontics	NC
- Pedodontic for children over 2	PA	- Pedodontic for children over 2	NC	- Pedodontic for children over 2	NC
- Preventive Treatment	NO PA	- Preventive Treatment	NC	- Preventive Treatment	NO PA
- Emergency Dental Services	NO PA	- Tooth extractions to prevent endocarditis - Emergency Dental Services, Covered for sound tooth damaged as a result of trauma suffered from an external force. Services must be completed within a 60 day period following the trauma.	NO PA	- Emergency Dental Services	NO PA
<b>Dental Services, 21 Years of Age &amp; Over</b>		<b>Dental Services, 21 Years of Age &amp; Over</b>		<b>Dental Services, 21 Years of Age &amp; Over</b>	
- Dentures	NC	- Dentures	NC	- Dentures	NC
- Preventive and therapeutic	NC	- Preventive and therapeutic	NC	- Preventive Treatment	NO PA
- Oral surgery	NC	- Oral surgery	NC	- Oral surgery	PA
- Orthodontics	NC	- Orthodontics	NC	- Orthodontics	NC
- Emergency Dental Services - Restricted Coverage for Medically-Related Care. See Health Plan for Details	NO PA	- Emergency Dental Services, Covered for sound tooth damaged as a result of trauma suffered from an external force. Services must be completed within a 60 day period following the trauma.	NO PA	- Emergency Dental Services	NO PA
- Dental Services Related to Oral Clearance for Covered Transplants and cancers - Restricted Coverage. See Health Plan for Details	PA	- Dental Services Related to Oral Clearance for Covered Transplants - Restricted Coverage. See Health Plan for Details	NC	- Dental Services Related to Oral Clearance for Covered Transplants and cancers - Restricted Coverage. See Health Plan for Details	PA
<b>Diapers / Incontinence Briefs (Ages 3-20)</b>	PA	<b>Diapers / Incontinence Briefs</b>	NC	<b>Diapers / Incontinence Briefs</b>	NC
<b>Drugs/Medications</b>		<b>Drugs/Medications</b>		<b>Drugs/Medications</b>	
- Non-formulary	PA	- Non-formulary	NC	- Non-formulary	PA
- Formulary Step Therapy	PA	- Formulary Step Therapy	PA	- Formulary Step Therapy	PA
- Psychotherapeutic (when on formulary)	NC	- Psychotherapeutic (when on formulary)	NO PA	- Psychotherapeutic (when on formulary)	NO PA
<b>Durable Medical Equipment (DME)</b>		<b>Durable Medical Equipment (DME)</b>		<b>Durable Medical Equipment (DME)</b>	
- Over \$300.00 Total Purchase Price	PA	- Over \$300.00 Total Purchase Price	PA	- Over \$300.00 Total Purchase Price	PA
- C-PAP, Bi-PAP Purchase	PA	- C-PAP, Bi-PAP Purchase	NC	- C-PAP, Bi-PAP Purchase	PA
<b>Family Planning</b>		<b>Family Planning</b>		<b>Family Planning</b>	
- Sterilization	PA	- Sterilization	PA	- Sterilization	PA
<b>Hearing Aids, Less Than 21 Years of Age</b>	NO PA	<b>Hearing Aids, Less Than 21 Years of Age</b>	NC	<b>Hearing Aids, Less Than 21 Years of Age</b>	NO PA
<b>Hearing Aids, 21 Years of Age &amp; Over</b>	NC	<b>Hearing Aids, 21 Years of Age &amp; Over</b>	NC	<b>Hearing Aids, 21 Years of Age &amp; Over</b>	NO PA
- Cochlear Implants/Bone-Anchored Hearing Aids	NC	- Cochlear Implants/Bone-Anchored Hearing Aids	NC	- Cochlear Implants/Bone-Anchored Hearing Aids	PA
- Audiometry, Adult for hearing aid eval	NC	- Audiometry, Adult for hearing aid eval	NC	- Audiometry, Adult for hearing aid eval	NO PA
- Audiometry, Adult for medical diagnosis	PA	- Audiometry, Adult for medical diagnosis	PA	- Audiometry, Adult for medical diagnosis	NO PA
<b>Home Health/Home Care Services</b>		<b>Home Health/Home Care Services</b>		<b>Home Health/Home Care Services</b>	
- Home Health Care	PA	- Home Health Care	PA	- Home Health Care	PA
- Home Infusion (antibiotics, TPN, etc)	PA	- Home Infusion (antibiotics, TPN, etc)	PA	- Home Infusion (antibiotics, TPN, etc)	PA
<b>Hospice- IP and OP, Less than 21 Years of Age</b>	PA	<b>Hospice- IP and OP, Less than 21 Years of Age (Select Plans)</b>	PA	<b>Hospice- IP and OP, Less than 21 Years of Age</b>	PA
<b>Hospice- IP and OP, 21 Years of Age &amp; Over</b>	NC	<b>Hospice- IP and OP, 21 Years of Age &amp; Over (Select Plans)</b>	PA	<b>Hospice- IP and OP, 21 Years of Age &amp; Over</b>	PA
<b>Insulin Pumps</b>		<b>Insulin Pumps</b>		<b>Insulin Pumps</b>	

# University Physicians Health Plans (UPHP) Prior Authorization Grid (continued)

NOTE: "NC" = Not Covered

AHCCCS Plans Maricopa Health Plan / University Family Care		State Sponsored Program Healthcare Group		Special Needs Plan Maricopa Care Advantage / University Physicians Care Advantage	
SERVICES	PA	SERVICES	PA	SERVICES	PA
- Less than 21 Years of Age	PA	- Less than 21 Years of Age	PA	- Less than 21 Years of Age	PA
- 21 Year of Age & Over	NC	- 21 Year of Age & Over	PA	- 21 Year of Age & Over	PA
<b>Implants</b>		<b>Implants</b>		<b>Implants</b>	
- Artificial joints	PA	- Artificial joints (Hip and knee replacements only)	PA	- Artificial joints	PA
- Stimulators, bone, brain, spinal, nerve	PA	- Stimulators, bone, brain, spinal, nerve	NC	- Stimulators, bone, brain, spinal, nerve	PA
- Cochlear Implants/Bone-Anchored Hearing Aids, Less than 21 Years of Age	PA	- Cochlear Implants/Bone-Anchored Hearing Aids, Less than 21 Years of Age	NC	- Cochlear Implants/Bone-Anchored Hearing Aids, Less than 21 Years of Age	PA
- Cochlear Implants/Bone-Anchored Hearing Aids, 21 Years of Age & Over	NC	- Cochlear Implants/Bone-Anchored Hearing Aids, 21 Years of Age & Over	NC	- Cochlear Implants/Bone-Anchored Hearing Aids, 21 Years of Age & Over	PA
<b>Laboratory</b>		<b>Laboratory</b>		<b>Laboratory</b>	
- Cytogenetic studies/Phenotyping/DNA	PA	- Cytogenetic studies/Phenotyping/DNA	NC	- Cytogenetic studies/Phenotyping/DNA	PA
<b>Maternity Services</b>		<b>Maternity Services</b>		<b>Maternity Services</b>	
- 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
<b>Neuropsychological/Neuropsychiatric Eval</b>	PA	<b>Neuropsychological/Neuropsychiatric Eval</b>	NC	<b>Neuropsychological/Neuropsychiatric Eval</b>	PA
<b>Nutrition</b>		<b>Nutrition</b>		<b>Nutrition</b>	
- Nutritional Therapy, Enteral/Parenteral	PA	- Nutritional Therapy, Enteral/Parenteral	PA	- Nutritional Therapy, Enteral/Parenteral	PA
<b>Orthotics Greater Than \$300.00</b>		<b>Orthotics Greater Than \$300.00</b>		<b>Orthotics Greater Than \$300.00</b>	
- 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, L4392, L4394 & A codes. All other orthotics are not covered benefits	PA	- 21 Years of Age & Over	PA	- 21 Years of Age & Over	PA
<b>Outpatient surgery</b>		<b>Outpatient surgery</b>		<b>Outpatient surgery</b>	
- Except Cataracts, Tonsils, Adenoids, & Myringotomy with tubes	PA	- Except Cataracts, Tonsils, Adenoids, & Myringotomy with tubes	PA	- Except Cataracts, Tonsils, Adenoids, & Myringotomy with tubes	PA
<b>Pain Management Services</b>	PA	<b>Pain Management Services</b>	PA	<b>Pain Management Services</b>	PA
<b>Personal Services</b>	PA	<b>Personal Services</b>	NC	<b>Personal Services</b>	PA
<b>Personal Care Items</b>	NC	<b>Personal Care Items</b>	NC	<b>Personal Care Items</b>	NC
<b>Plastic Surgery Consults and Procedures</b>	PA	<b>Plastic Surgery Consults and Procedures</b>	PA	<b>Plastic Surgery Consults and Procedures</b>	PA
<b>Services of a Podiatrist, Incl. Diabetic Foot Care, Less than 21 Years of Age</b>	PA	<b>Services of a Podiatrist, Incl. Diabetic Foot Care, Less than 21 Years of Age</b>	PA	<b>Services of a Podiatrist, Incl. Diabetic Foot Care, Less than 21 Years of Age</b>	PA
<b>Services of a Podiatrist, Incl. Diabetic Foot Care, 21 Years of Age &amp; Over</b>	NC	<b>Services of a Podiatrist, Incl. Diabetic Foot Care, 21 Years of Age &amp; Over</b>	PA	<b>Services of a Podiatrist, Incl. Diabetic Foot Care, 21 Years of Age &amp; Over</b>	PA
<b>Prosthetic Devices Greater Than \$300.00</b>		<b>Prosthetic Devices Greater Than \$300.00</b>		<b>Prosthetic Devices Greater Than \$300.00</b>	
- 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
<b>Pulmonary Rehabilitation, Outpatient</b>	PA	<b>Pulmonary Rehabilitation, Outpatient</b>	PA	<b>Pulmonary Rehabilitation, Outpatient</b>	PA
<b>Radiology and Medical Imaging</b>		<b>Radiology and Medical Imaging</b>		<b>Radiology and Medical Imaging</b>	
- MRA	PA	- MRA	PA	- MRA	PA
- MRI	PA	- MRI	PA	- MRI	PA
<b>Rehabilitation Outpatient Therapies</b>		<b>Rehabilitation Therapies, some limits apply</b>		<b>Rehabilitation Therapies</b>	
- 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 - Sent	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	NC	- 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
<b>Sleep Studies, Must be split-night study</b>	PA	<b>Sleep Studies</b>	NC	<b>Sleep Studies</b>	PA
<b>Transportation</b>		<b>Transportation</b>		<b>Transportation</b>	
- 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
<b>Transplants - restricted coverage - Inquire with Health Plan for details.</b>	PA	<b>Transplants - Not covered except:</b>		<b>Transplants - Covered per Medicare Guidelines</b>	PA
		- Corneal	PA		
		- Kidney	PA		
<b>Vision</b>		<b>Vision</b>		<b>Vision</b>	
- Less than 21 Years of Age	NO PA	- Less than 21 Years of Age, Glasses & 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
<b>Well Exams</b>		<b>Well Exams</b>		<b>Well Exams</b>	
- 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

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 Radiation therapy, PET Scans, PUVA



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Receiving approval on a prior authorization request does not guarantee payment. Some plans may have limitations on certain benefits. If the benefit is not covered or the limitation is met, payment will not be made.

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