

**SCAN Health Plan AZ**  
**Prior Authorization (PA) Requirements**

<b>BENEFIT</b>	<b>SCAN MAPD as of 01/01/10</b>
<b>INPATIENT CARE</b>	
<b>Inpatient Hospital Care</b>	Auth Needed \$150 per day for days 1-5 \$0 per day for days 6-90
<b>Inpatient Mental Health Care/Behavioral Health</b>	Auth Needed \$150 per day for days 1-7 \$0 per day for days 8-90 Members get up to 190 days in a Psychiatric Hospital in a lifetime.
<b>Outpatient Mental Health</b>	Auth Needed \$30 Copay for each therapy visit
<b>Skilled Nursing Facility</b>	Auth Needed \$0 per day for days 1-20 \$100 per day for days 21-100 Members are covered for 100 days per benefit period. No prior hospital stay is required.
<b>OUTPATIENT CARE</b>	
<b>Acupuncture</b>	Not a Covered Benefit
<b>All Out Patient Medical Procedures</b>	Auth Needed \$150 Copay for each visit with ambulatory surgical center \$150 Copay for each visit outpatient hospital facility
<b>Allergy/Immunology</b>	Auth needed

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	\$30 Copay for each visit
<b>Ambulance Services</b>	No auth needed if it is considered emergent \$100 Copay
<b>Bariatric Surgery Referrals or Procedures</b>	Auth needed \$30 Copay for each visit
<b>Blood Transfusions</b>	No auth needed, if being done within network \$150 Copay for each Medicare covered outpatient hospital/facility visit.
<b>Cardiac Testing</b>	No auth needed for in office Nuclear Testing does need auth \$30 Copay for each visit; No auth needed for outpatient facility Outpatient facility Copay may apply
<b>Chiropractic</b>	Auth Needed \$30 Copay for each visit
<b>Circumcision</b>	Auth needed for in office \$30 Copay for each visit Auth needed for outpatient facility \$150.00 Copay
<b>Cochlear Implants</b>	Auth Needed
<b>CT SCAN</b>	No auth needed.

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	<p>20% of the Medicare allowable cost for radiological procedures.</p> <p>An additional facility charge of \$150 (ASC and hospital facility) may apply.</p>
<b>Dermatology</b>	<p>No auth needed</p> <p>\$30 Copay for each visit</p>
<b>Diabetes Self-Monitoring Supplies</b>	<p>Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria</p> <p>No Copay</p>
<b>Diagnostic tests, x-rays &amp; Labs</b>	<p>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><b>NO auth is needed for Ultrasounds, echocardiograms, venous doppler, Nerve Conduction Test, and EMG</b></p> <p>\$0 Copay for standard lab services, x-rays, routine tests</p> <p>20% for Medicare covered diagnostic radiology services</p> <p>20% of the Medicare allowable cost for therapeutic radiological procedures, such as Radiation Therapy, Gamma Knife, and Cyber Knife procedures. An additional facility charge of</p>

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	\$150 (ASC and hospital facility) may apply for procedures.
<b>Diapers</b>	Not a Covered Benefit
<b>Doctor Office Visit</b>	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 \$10 Copay for each PCP visit \$30 Copay for each Specialist visit
<b>Durable Medical Equipment</b>	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria 20% is to be paid by the member
<b>Emergency Care</b>	No auth needed \$50 Copay for each visit
<b>Endoscopy or Upper GI</b>	No auth needed, if being done within network 20% of the Medicare allowable cost for radiological procedures. An additional facility charge of \$150 (ASC and hospital facility) may apply.
<b>Enteral or Parental Nutrition</b>	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria

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	\$0 Copay
<b>Genetic Testing</b>	Auth Needed Copay applies for either specialist and/or labs
<b>Home and Community Based Services</b>	<p style="text-align: center;">Auth needed for In Home Recovery Benefits.</p> <ul style="list-style-type: none"> <li>• Home Delivered Meals</li> </ul> <p style="text-align: center;">SCAN members are covered for home delivery of frozen meals to meet caloric or dietary needs based on a medical condition or to provide nutrition if you are injured or disabled (example—recovery from a stroke).</p> <p style="text-align: center;">No Copayment.</p> <ul style="list-style-type: none"> <li>• Custodial Level Care</li> </ul> <p style="text-align: center;">You are covered for up to three days of post acute support while staying in an in-patient facility such as a skilled nursing facility following a hospital discharge.</p> <p style="text-align: center;">No Copayment</p>
<b>Home Health Care</b>	Auth needed \$0 no Copay
<b>Hospice</b>	Hospice care will revert back to Medicare FFS
<b>Infertility</b>	Not a Covered Benefit
<b>IV or PICC Line Placement</b>	No auth needed, if being done within network 20% of the Medicare allowable

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	<p style="text-align: center;">cost for radiological procedures.  An additional facility charge of  \$150 (ASC and hospital facility) may apply.</p>
<b>Medical Foods</b>	<p style="text-align: center;">Not a Covered Benefit</p>
<b>Modified Barium Swallows</b>	<p style="text-align: center;">No auth needed, if being done within network  \$150 Copay for each Medicare  covered outpatient hospital/facility visit.</p>
<b>MRI/MRA</b>	<p style="text-align: center;">No auth needed, if being done within network  20% of the Medicare allowable  cost for radiological procedures.  An additional facility charge of  \$150 (ASC and hospital facility) may apply.</p>
<b>Myleogram/Discogram</b>	<p style="text-align: center;">No auth needed, if being done within network  20% of the Medicare allowable  cost for radiological procedures.  An additional facility charge of  \$150 (ASC and hospital facility) may apply.</p>
<b>Oral Nutritional Supplements</b>	<p style="text-align: center;">Not a Covered Benefit</p>
<b>Oral Maxofacial Surgery</b>	<p style="text-align: center;">Auth needed  Copay applies for either specialist or outpatient  surgery</p>
<b>Outpatient Substance Abuse</b>	<p style="text-align: center;">Auth needed</p>

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	\$30 Copay for each visit
<b>Outpatient Surgery</b>	Auth Needed \$150 Copay for each visit with ambulatory surgical center \$150 Copay for each visit outpatient hospital facility
<b>Outpatient Therapy Evaluation (OT,PT &amp; ST) ONLY</b>	No auth needed, if being done within network \$30 Copay for Medicare covered Physical, Occupational, and Speech Therapy evaluations.
<b>Outpatient Therapy (OT,PT &amp; ST) Visits</b>	Auth needed \$30 Copay for Medicare-covered Physical, Occupational, and Speech Therapy visits. See SCAN Therapy Guidelines
<b>Pain Management Evaluation and less than 5 visits</b>	No auth needed for Evaluaton + 5 follow ups, if being done within network \$30 Copay for each visit
<b>Pain Management over 6 visits</b>	Auth needed \$30 Copay for each visit
<b>Peg Tube or G-Tube Placement</b>	No auth needed, if being done within network \$150 Copay for each Medicare covered ambulatory surgical

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	center visit. \$150 Copay for each Medicare covered outpatient hospital facility visit.
<b>Physician Office Based Procedures</b>	Auth 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. \$10.00 Copay if being done in PCP office \$30 Copay if being done in the specialist office \$150 Copay if being done in an ambulatory surgery center/outpatient hospital
<b>Podiatry Services</b>	Auth Needed - except for routine DM/PVD foot care \$30.00 Copay
<b>Prosthetic Devices</b>	Auth needed if cost exceeds \$1000.00 or does not meet Medicare Criteria 20% to be covered by the member
<b>Sclerotherapy</b>	Auth needed \$30 Copay for each visit
<b>Second Opinions</b>	Auth needed \$30 Copay for each visit

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<b>Substance Abuse Treatment</b>	Auth Needed \$30.00 Copay for each visit
<b>Transplant Services</b>	Auth needed - Refer to Transplant Coordinator in Medical Management Department
<b>Urgent Care</b>	No auth needed \$30 Copay for each visit
<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 \$150 Copay for each Medicare covered ambulatory surgical center visit. \$150 Copay for each Medicare covered outpatient hospital facility visit.
<b>Dental Services</b>	Auth Needed Limitation – surgery of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatment of neoplastic cancer
<b>Dentures</b>	Not a Covered Benefit

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<b>BENEFIT</b>	<b>SCAN MAPD as of 01/01/10</b>
<b>ESRD/ Dialysis</b>	No auth needed \$25.00 Copay
<b>Hearing Services</b>	Auth needed for hearing tests and hearing aides \$10 Copay for Medicare covered diagnostic hearing exams \$200.00 per hearing aid every 3 years
<b>Immunizations</b>	No Auth needed \$10 or \$30 Copay may apply
<b>Mammograms</b>	NO auth Mammogram if female >35 Auth needed if Mammogram if female <35 20% of the cost for Medicare covered diagnostic radiology services.
<b>Pap Smears and Pelvic Exams</b>	No auth needed for Well Women's Exam \$30.00 Copay may apply
<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>	

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	No auth needed for Well Man Exam \$30.00 Copay may apply
<b>Smoking Cessation</b>	The plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nursing Hotline - Other Wellness Benefits \$0 Copay for each Medicare covered smoking cessation counseling session.
<b>Routine Vision Services for DM Members</b>	No PA Required for Network Providers. \$10 Copay for one pair of eyeglasses or contact lenses after cataract surgery. \$10 Copay for exams to diagnose and treat diseases and conditions of the eye. \$15 Copay for up to 1 routine eye exam(s) every year \$25 Copay for up to 1 pair(s) of glasses every two years \$25 Copay for up to 1 pair(s) of contacts every two years \$75 limit for eye glasses (lenses and frames) every two years. \$100 limit for contact lenses every two years.
<b>Routine Vision Services (routine)</b>	

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	<p>No PA Required for Network Providers.</p> <p>\$10 Copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$10 Copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 Copay for up to 1 routine eye exam(s) every year</p> <p>\$25 Copay for up to 1 pair(s) of glasses every two years</p> <p>\$25 Copay for up to 1 pair(s) of contacts every two years</p> <p>\$75 limit for eye glasses (lenses and frames) every two years.</p> <p>\$100 limit for contact lenses every two years.</p>
<b>Transportation</b>	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**