

Prior Authorization Requirement for Low-Tech Imaging Services

July 29, 2011

Dear Phoenix Health Plan (PHP) and Abrazo Advantage Health Plan (AAHP) Providers,

You have received several communications over the last several months informing you of Phoenix Health Plan's (PHP) new initiatives to insure that various medical services are being provided in the most cost effective setting. All AHCCCS plans are bound by contract to ensure that medically necessary services are performed in the most cost effective place of service.

In order to achieve full alignment with this requirement, PHP continues to implement operational changes which require that specified services/procedures be directed to a lower cost setting whenever medically appropriate.

The latest of these initiatives involves Low Tech Radiology services/procedures performed in a hospital outpatient setting (POS 22).

In addition to the current requirement to obtain a prior authorization for all High-Tech Imaging Services (i.e. MRI/MRA, CT, and PET scans), **effective September 1, 2011**, we will also require providers ordering a Low-Tech modality imaging and related service (i.e. Ultrasound, DEXA-Bone Density, Mammography, Fluoroscopy, Nuclear Medicine, Interventional, Radiation Oncology, and X-Ray) in a **hospital outpatient setting** to obtain a prior authorization.

Effective September 1, 2011, claims for hospital outpatient imaging services will be denied for payment if a prior authorization has not been obtained.

If you have any questions, please contact your Provider Relations Representative directly or the department number shown below.

THANK YOU

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