



**PINAL/GILA LONG TERM CARE (P/GLTC)  
PRIOR AUTHORIZATION REQUIREMENTS**

NOTE: Contracted providers must be used except where indicated.  
**Use of any non-contracted provider must be prior authorized.**

Service	Auth Needed Prior to Delivery of Service?	Keynotes
<b>Audiology</b> (member's age is over 21)	Yes	
<b>Audiology</b> (member's age is 21 and under)	No	
<b>Cardiac Rehab</b>	Yes	
<b>Dental</b> (preventive - member's age is over 21)	Not Covered	Eff. 10/1/10 Coverage for pre-transplant and head cancer only
<b>Dental</b> (preventive - member's age is 21 and under)	No	
<b>Dental</b> (therapeutic - member's age is over 21)	Not Covered	
<b>Dental</b> (therapeutic – member's age is 21 and under)	Yes	
<b>Dental</b> (emergency dental care - member's age is over 21)	No	AHCCCS definition of emergency includes severe pain and/or infection. Includes only emergent services that physicians can provide.
<b>Dental</b> (emergency dental care - member's age is 21 and under)	No	
<b>Dialysis</b> (initial service)	Yes	
<b>Dialysis</b> (all subsequent treatments)	Yes	
<b>Dietician/Nutritionist</b>	Yes	
<b>DME</b>	Yes	
<b>Emergency Room</b> (all hospitals may be used - contracted and non-contracted)	No	
<b>Enteral Feedings</b>	Yes	
<b>Home Infusion</b>	Yes	



<b>Inpatient Care</b> (emergency or direct admit - contracted and non-contracted hospitals may be used)	No	Hospital to notify P/GTLC by the next business day.
<b>Inpatient Care</b> - elective and scheduled surgeries	Yes	Authorization must be obtained prior to admission
<b>Labs</b> (all facilities may be used to include procedures such as type/cross, and blood infusions)	No	
<b>Optometry</b> (member's age is over 21)	No auth required for member's with diabetes in their health history. If member does not have diabetes then auth is required.	
<b>Optometry</b> (member's age is 21 and under)	No	
<b>Ophthalmology - Cataract Surgery</b>	Yes	
<b>Ophthalmology</b> - Office visits	No auth required for member's with diabetes in their health history. If member does not have diabetes then auth is required	
<b>Outpatient surgery/procedure</b>	Yes	
<b>Radiology</b> - procedures under \$500 and all CAT scans	No	
<b>Radiology</b> - procedures over \$500 and all MRI's and PET scans	Yes	
<b>Psychologist/Psychiatrist</b>	Yes	
<b>Specialist</b> - contracted	No auth required for in-office visits	
<b>Specialist</b> - non-contracted	Yes	
<b>Specialist - Obstetrician (OB) -</b>	Yes	Initial authorization for prenatal through post birth.



PINAL COUNTY  
Wide open opportunity

<b>Podiatrist – office visit</b>	P/GLTC coverage for members <21 years of age.	
<b>Podiatrist - durable medical equipment (DME)</b>	Yes	
<b>Transportation - emergency</b>	No	
<b>Transportation - non-emergency ambulance transports</b>	Yes	
<b>Transportation - Medical Transportation Brokerage of Arizona/AAA (MTBA)</b>	No	
<b>Transportation - Air Evac</b>	No	
<b>Therapy - Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)</b>	No auth required for member's with Medicare Coverage	Retrospective review if denied by Medicare.
<b>Therapy - Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)</b>	Yes, when member has no other coverage besides P/GLTC	

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