

Magellan Complete Care of Arizona (MCC of AZ) Provider Notice



Re: Changes to prior authorization requirements

October 15, 2020

Dear Valued Provider:

As part of our effort to ease provider administrative work and ensure our members live healthier lives, we continue to refine our prior authorization (PA) requirements. We do this by adding and removing PA requirements for certain medications and services.

The chart below shows changes with an effective date of November 15, 2020.

IP/OP	OP UM Type	Proc Code	Code Description	PA Change Type (Add/Remove)
OP	DME	E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Remove
OP	DME	A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	Remove
OP	DME	A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	Remove
OP	DME	A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	Remove
OP	DME	A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	Remove
OP	DME	A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	Remove
OP	DME	A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	Remove
OP	DME	A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	Remove
OP	DME	A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	Remove

We will notify you of any further changes.

Please visit www.mccofaz.com to view the full list of UM services requiring a prior authorization.

If you have any questions, comments or concerns about these changes and/or this process, please call us at 1-800-424-5891 Monday through Friday from 8 a.m. to 6 p.m. local time.

If you also treat DSNP members, please refer to the authorization list located at www.mccofaz.com/dsnp. If you have questions or need prior authorization for a DSNP member, call 1-800-424-4509.