



# DESERT HAND THERAPY

SPECIALISTS IN UPPER EXTREMITY REHABILITATION

Hand • Wrist • Elbow • Shoulder

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## IN & OUT OF NETWORK INSURANCE PROVIDERS

INSURANCE PLAN	DHT CONTRACTED	AUTH REQ UNDER 21	AUTH REQ OVER 21	AUTH REQ SPLINTS
<b>AHCCCS:</b>				
American Indian Health Program (AIHP).		No	Yes	No
Banner University Family Care				
Care 1st		Yes	After 12th visit	No
Cenpatico				
CMDP/DCS		Yes	Yes	No
CRS		No	No	No
Health Choice		Yes	Yes	No
Health Net Access		Yes	Yes	No
Mercy Care		Yes	No	Yes
Mercy Maricopa Integrated (Behavioral Health)		Yes	No	No
UHC Community Plan / APIPA		After 12th visit	Yes	No
University Family Care		No	Yes	No
<b>AHCCCS Medicare Advantage:</b>				
Health Choice		N/A	Yes	Yes
Mercy Care Advantage		N/A	No	Yes
Personal Care Plus (UHC APIPA)		N/A	Yes	Yes
Mercy Maricopa Advantage		N/A	Yes	Yes
University Care Advantage		N/A	Yes	Yes
<b>Private Medicare Advantage:</b>				
AARP		N/A	No	No
Aetna		N/A	No	No
Allwell Dual Medicare (HMO SNP)				
Allwell Medicare Essentials I (HMO)				
Cigna Health Springs		N/A	No	No
Humana Choice Care Network - POS, HMO, PPO				
Humana EPO-Open Access				
Humana National POS Open Access				
Humana Gold PFFS (Choice Care)				
Medica		N/A	No	No
Optum				
Pacificare		N/A	No	No
United Healthcare Advantage Plans		N/A	No	No

**AHCCCS authorizations can take up to 14 days to obtain**

Revised: 1/1/18

**ARCADIA**  
3104 E. Indian School Road  
Suite 200A  
Phoenix, AZ 85016

**ESTRELLA**  
1860 N. 95th Lane  
Suite 105  
Phoenix, AZ 85037

**MESA**  
130 S. 63rd Street  
Suite 110  
Mesa, AZ 85206

**NORTH PHOENIX**  
20330 N. Cave Creek Road  
Suite A-150  
Phoenix, AZ 85024

**CHANDLER**  
2195 W. Chandler Blvd  
Suite 180  
Chandler, AZ 85224

**GLENDALE**  
5757 W. Thunderbird Road  
Suite E-465  
Glendale, AZ 85306

**CENTRAL PHOENIX**  
300 W. Clarendon Avenue  
Suite 285  
Phoenix, AZ 85013

**SURPRISE**  
14239 W. Bell Road  
Suite 110  
Surprise, AZ 85374

**New Patient Scheduling**  
Tel: 602-231-8511  
Fax: 602-279-6934

INSURANCE PLAN	DHT CONTRACTED	AUTH REQ UNDER 21	AUTH REQ OVER 21	AUTH REQ SPLINTS
<b>Commercial Plans:</b>				
Aetna HMO		PCP Ref Req	PCP Ref Req	PCP Ref Req
Aetna PPO		No	No	No
American Medical Security		No	No	No
Arizona Foundation for Medical Care				
Arizona Priority Care (AZ PCP)	<b>NO</b>			
Banner (Choice/Choice Plus/Health Plan/Select)		No	No	No
<b>Banner BPHO/BHN</b>		No	No	No
Banner Employed Plans		No	No	No
AARP United Medicare Complete		No	No	No
Blue Cross Advantage		No	No	No
Aetna Whole Health		No	No	No
Aetna Attribution		No	No	No
BC/BS (HMO/PPO)		No	No	No
BC/BS Affiliates		No	No	No
BC/BS (of New York, & ID # XBZ & XBL)	<b>NO</b>			
CareMore		No	Yes	Yes
Cigna (HMO/PPO)		No	No	No
Coventry		No	No	No
Golden Rule (UHC)		PT Only	PT Only	No
Health Choice Preferred	<b>NO</b>			
Healthnet Ambetter – Standard and Marketplace				
LifePrint		No	No	No
Medicare		No	No	No
Mercy Care Health Care Group		No	No	No
Mutual of Omaha		No	No	No
Pacific Care		No	No	No
PHCS		No	No	No
<b>Tricare / Triwest - Physician's office must obtain authorization</b>		Yes	Yes	Yes
United Health Care		No	No	No
University Healthcare Group		No	No	No
VA (Veterans Administration)		Yes	Yes	Yes
<b>Workers' Compensation</b>				
CCMSI (No Scottsdale HC Employees)		Yes	Yes	Yes
Copper Point		Yes	Yes	Yes
Dept. of Labor		Yes	Yes	Yes
GORE		Yes	Yes	Yes
One Call		Yes	Yes	Yes
Washington Dept of Labor		Yes	Yes	Yes