

Authorization Requirements (Medicaid STAR+PLUS only)
Phone: 877-725-2688 Fax: Inpatient 877-809-0786 /Outpatient 877-809-0787

All Hospitalizations require authorization including Transplants.

Pre-scheduled, elective admissions must have prior authorization prior to admission.

Emergent inpatient admissions require notification by the close of the next business day following the admission.

All Non-Participating/Out-of-Network Providers require prior authorization for all outpatient and elective inpatient services.

Prior Authorization is required for the services listed below whether billed on UB-04 or HCFA 1500.

<p>Labs Place of Service 11, 22, or 81</p> <p>Exception: LABS- The following routine lab services may be performed in a participating provider's office without authorization: 81001*81002*81003*81005*81007*81025*82010*82270*82272*82570*82947*82962*83026*83036*84478*84520*84703*85013*85014*85018*85610*87449*87804*87880.</p> <p>All other lab specimens should be drawn in the provider's office and sent to a participating lab provider such as Quest, CPL, LapCorp or ProPath. The provider will be reimbursed for the lab draw.</p> <p>All other lab services completed anywhere else <i>must be authorized prior to services being rendered</i>.</p>	<p>DME:</p> <ul style="list-style-type: none"> All Miscellaneous Codes Any supplies/equipment requests that exceed Medicaid allowable benefit All equipment rentals All purchases over \$500 (per claim line) <p>Prosthetics/Orthotics</p> <ul style="list-style-type: none"> All require authorization
<p>Health Care Office Place of Service 11, 50, 71. 72</p> <ul style="list-style-type: none"> Ambulatory Blood Pressure Monitoring Chiropractor-for all services except manipulations, up to 6 visits Hearing Aids (requires 30-day trial) Pain Management Radiology: CT, MRI, MRA, PET Sleep studies Viscosupplementation: J7321, J7323, J7324, J7325, J7326 Treatment with injection J1300 Eculizumab, 10 mg Treatment with injection J9354 Ado-Trastuzumab Emtansine <p>Home Health Place of Service 12</p> <ul style="list-style-type: none"> ECI notification Enteral feedings Nutritional Supplements <p>Home Health disciplines:</p> <ul style="list-style-type: none"> Home Health Aide Occupational therapy excluding initial evaluation Physical therapy excluding initial evaluation Skilled nursing excluding initial evaluation Speech therapy after evaluation. (Speech therapy is covered for members 20 and younger in the home setting. Speech therapy is not covered for adults in home setting.) Hospice care-notification only <p>Transportation Place of Service 41/42 Ambulance-non -emergent air or ground</p> <p>LTSS and STAR+PLUS Waiver Services:</p> <p>Long Term Services and Supports</p> <ul style="list-style-type: none"> Personal Attendant Services (PAS) Protective Supervision Day Activity & Health Services (DAHS) Adult Foster Care (AFC) Assisted Living (AL) Emergency Response Services (ERS) Home Delivered Meals (HDM) Minor Home Modifications (MHM) Nursing Services and Therapy Services (LTSS) 	<p>Outpatient Procedures Place of Service 22</p> <ul style="list-style-type: none"> All Miscellaneous Codes Abortion Cardiac Rehabilitation Circumcision 1yr and older Cosmetic Surgeries are not covered Dental Anesthesia ECI Notification Enhanced External Counterpulsation (EECP) EEG with video monitoring Health/Behavior Assess/Intervention HBAI(see below) Hernia repairs-ALL types Hyperbaric Oxygen Therapy Hysterectomies-ALL types Implantable Devices ALL types such as Cochlear Implants, pacemaker, pain pumps, defibrillators, insulin pump Occupational therapy excluding initial evaluation Oral Surgery <p>Outpatient Procedures Place of Service 22</p> <ul style="list-style-type: none"> Pain Management Procedures Physical Therapy excluding initial evaluation Plastic and Reconstructive Surgery Radiology: CT, MRI, MRA, PET Sleep Studies Speech therapy excluding initial evaluation Sterilization –Prior auth and Physician Statement required with claim Telemonitoring TMJ Procedures Transplant Evaluations Varicose Vein Procedures

<ul style="list-style-type: none"> • Transition Assistance Services (TAS) • Cognitive Rehabilitation Therapy (CRT) • Supportive Employment • Employment Assistance • Community First Choice • Prescribed Pediatric Extended Care Center (PPECC) 	<ul style="list-style-type: none"> • Vagus Nerve Stimulation <p>Outpatient Procedures Place of Service 22 (cont'd)</p> <ul style="list-style-type: none"> • Wound Care
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Behavioral Health Services	Prior Authorization Required	Benefit Limitations
All Inpatient Admissions	Yes	Including concurrent review as needed
Partial Hospital Program	Yes	4.5-6 Hours
Outpatient Initial Psychiatric/Counseling Assessment	No	
Outpatient Psychotherapy/IOP	No	
Outpatient Psychological and Neuropsychological Testing	Yes	
Outpatient Medication Management	No	
Injections	No	
Outpatient Electroconvulsive Therapy (ECT)	Yes	
Electroconvulsive Therapy – Inpatient Setting	Yes/No – See limitations	If admitted only for ECT – PA Required; If admitted for any other Behavioral Health issue – No PA Required for the ECT during an inpatient stay.
Substance Use Disorder Services		
Outpatient Assessment	No	.
Ambulatory Detoxification	Yes	Limited to one encounter per day. May be covered for a medically appropriate duration of care based on treatment need for up to 21 days. Subject to concurrent review. Clients ages 20 and under can access additional days of services with medical necessity and prior authorization.
Residential Detoxification	Yes	Limited to one encounter per day. May be covered for a medically appropriate duration of care based on treatment need for up to 21 days. Limited to one encounter per day. Subject to concurrent review. Clients ages 20 and under can receive additional days of treatment with prior authorization.
Residential Treatment	Yes	May be covered for a medically appropriate duration of care, with a maximum of 35 days per episode of care. Limited to 2 episodes of care in 6 month period, with evidence of medical need. Clients ages 20 and under may receive additional days of treatment with prior authorization.
Ambulatory Treatment (Outpatient) (Individual and Group Counseling)	No	
Medication Assisted Therapy (MAT)	No	
Intensive Outpatient Program (IOP)	No	
Health and Behavior Assessment and Intervention Services (HBAI)	Yes	HBAI services are for Medicaid clients who are 20 years of age and younger. Prior Authorization request must document all the following criteria: <ul style="list-style-type: none"> • The client has an underlying physical illness or injury. • There are documented indications that biopsychosocial factors may be significantly affecting the treatment or medical management of an illness or an injury. • The client is alert, oriented, and, depending on the client's age, has the capacity to understand and to respond meaningfully during the in-person evaluation.

		<ul style="list-style-type: none"> • The client has a documented need for psychological evaluation or intervention to successfully manage his/her physical illness, and activities of daily living, • The assessment is not duplicative of other provider assessments. <p>The following codes are limited to maximum of four 15 minute units (one hour) per client, per rolling 180 days, any provider : 96150, 96151.</p> <p>The following codes are limited to maximum of sixteen 15 minute units (one hour) per client, per rolling 180 days, any provider: 96152, 96153, 96154, 96155.</p>
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Mental Health Rehabilitation Services (effective 09/01/14)

Service	Authorization Required?	Service Requirements
Day Program		ANSA/CANS must support the Mental Health Rehab/Targeted Case Management services requested. Service package deviations must contain supporting documentation.
Adult Day Program for Acute Needs	Yes	
Medication Training and Support		
Individual Services for Adult	Yes	
Group Services for Adult	Yes	
Individual Services for the Child/Adolescent (with or without other individual)		
Group Services for the Child/Adolescent (with or without other group)	Yes	
Crisis Intervention		
Adult Services	No	
Child/Adolescent Services	No	
Skills Training and Development		
Individual Services for Adult	Yes	
Group Services for Adult	Yes	
Individual Services for the Child/Adolescent (with or without other individual)	Yes	
Group Services for child and adolescent	Yes	
Psychosocial Rehabilitative Services		
Individual services	Yes	
Individual services rendered by a RN	Yes	
Group Services	Yes	
Group services rendered by a RN	Yes	
Individual crisis services	Yes	

Targeted Case Management (effective 09/01/14)

Service	Authorization Required?	Benefit Limitations
Routine Mental Health Targeted Case Management (Adult)	Yes	32 units (8 hours) per calendar day for clients who are 18 years of age and older
Routine Case Management (Child and Adolescent)	Yes	32 units (8 hours) per calendar day for clients who are 17 years of age and younger
Intensive Case Management (Child and Adolescent)	Yes	32 units (8 hours) per calendar day for clients who are 17 years of age and younger

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