Authorization Requirements (Medicaid STAR+PLUS only)
Phone: 877-725-2688  Fax: 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.

Labs Place of Service 11, 22, 81

Exception: LABS - The following routine lab services may be performed in a participating provider's office without authorization:
*81000 81001* 81002 *81003* 81005 *81015, 81025, 81043, 82247, 82270, 82271, 82272 82465* 82565 82947 *82948*82950*  82951*82952*
*83036* 83037*83655 *84132 *84703 *85013 *85014* 85018
*85025*85610 *87449 *87804* 87807* 87880

- 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
- All other lab services completed anywhere else must be authorized prior to services being rendered

Outpatient Procedures Place of Service 22

DME:
- Any supplies/equipment requests that exceed Medicaid allowable benefit
- All equipment rentals
- All purchases over $500 (per claim line)

Prosthetics/Orthotics
- All require authorization

Custodial Nursing Facility Place of Service 32
- Add-On Services

Health Care Office Place of Service 11, 50, 71, 72

- Chiropractor—For all services except manipulations, up to 6 visits
- Will not remove Hearing Aids (requires 30 day trial)
- Pain Management
- Radiology: CT, MRI, MRA, PET
- Viscosupplementation: J7321, J7323, J7324, J7325, J7326
- Treatment with injection J1300 Eculizumab, 10 mg
- Treatment with injection J9354 Ado-Trastuzumab Emtansine
- Treatment with injection C9484 eteplirsen Exondys 51
- Treatment with injection C9489 nusinersen, Spinraza
- Treatment with injection Q2040 Tisagenlecleucel, Kymriah
- Treatment with injection C9014 cerliponase alfa, Brineura
- Treatment with injection C2098, inotuzumab ozogamicin, Besponsa
- Treatment with injection Q2041, axicabtagene ciloleucel, Yescarta
- Treatment with injection J3590, burosumab-twza, Crysvita
- Treatment with injections using miscellaneous codes

Home Health Place of Service 12

- Enteral feedings
- Nutritional Supplements

Home Health disciplines:
- 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)

Transportation Place of Service 41, 42

- Ambulance—non-emergent air or ground
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