

# Medicaid Quick Reference Guide

## PRIOR AUTHORIZATION REQUIREMENTS

### MEDICAID

#### Abortions, Sterilizations and Hysterectomies

Sterilizations must require prior authorization.  
 Prior authorization is required for abortions and hysterectomies.  
 Clinical medical necessity for all of the procedures above must be demonstrated with the state.

Failure to submit a valid, signed consent will result in denial of claim payment.

#### Cardiac Imaging

Nuclear Cardiology/Imaging  
 Stress Echocardiography  
 Stress Angiography

#### OTOL, Otolitis and Otitis Media

Otolitis medical equipment (tympanic or cochlear)  
 Over 18000 First Service at all Otolitis over \$1000  
 Medical equipment for hearing and/or for provider and/or for children. A prior authorization is required.  
 Treatment based upon medical necessity in current other Medicaid-covered services.

#### Experimental and Investigative Services

Any experimental or investigative procedure, service or drug protocol.

#### Genetic Testing

#### Home Health Care Services

Home nursing visits	Physical therapy
Home health aide	Respiratory Therapy
Infection therapy	Speech Therapy
Occupational therapy	Mental health

24-hour coverage for home health care.

#### Implantable devices

Implants and related to:  
 - Cochlear implants  
 - Deep brain stimulation  
 - Pacemakers and related to TBI and CPG

#### Inpatient Facility Admissions

Inpatient or observation:  
 - Acute Hospital Inpatient  
 - Inpatient Rehabilitation Hospital  
 - Long Term Acute Care Hospital (LTAC)  
 - Skilled Nursing Facility  
 - Hospice

#### Non-Participating Providers

Prior authorization is required for services provided by non-participating providers.

#### Outpatient Services

#### Cardiac Rehabilitation

Cardiac rehab program, outpatient, and/or inpatient services is required if provided in an outpatient setting (cardiac rehab).  
 Treatment evaluation required.

Hearing tests  
 Treatment of otitis media with  
 Diagnostic tests:  
 - CT, MRI, PET and PET scans  
 - Bone scan

#### Pain Management

Prescription and/or monitoring tool for the provider and/or patient. A prior authorization is required.

#### Physical, Occupational, and speech Therapy

Physical and/or - The first 10 visits for each discipline will not require prior authorization for participating providers only in outpatient setting, **excluding home health care services**, starting with the 11th visit. Inpatient care and/or services will be required. Other visit frequencies are based on calendar year January - December effective 1/1/2016.

#### Pharmacy

Prior authorization for certain drugs:  
 Visit the Medicaid Drug List for complete details.

#### Pregnancy Modification

max 100 days prior.  
 Inpatient modification of expectant mothers within 7 days of the first prenatal visit.

#### Quantitative Drug Testing for Drugs of Abuse

#### Specialty Referrals

Prior authorization for Surgery, Imaging (MRI), Pathology, specialty care, - require authorization for inpatient and home health care services, durable equipment, or prosthetic fitting. **All SPECIAL PROCEDURES WILL REQUIRE PRIOR AUTHORIZATION** regardless of location, and surgery.

#### Surgery

Brain tumor	Catheterization
Cholecystectomy	Colonoscopy
Hysterectomy	Endoscopy/Colonoscopy
Orbital tumor	Esophagogastrectomy
Open prostate	Transurethral

#### Transplantation

Kidney transplant - Prior auth.

### Medicaid

#### Transplants

- Transplant: This booklet is the state of Ohio's requirements for approval of transplant. It is a guide for the state of Ohio's Department of Health Services.
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# Quick Reference Arkansas Medicaid Guide 2015

**ML Morrison**



## **Quick Reference Arkansas Medicaid Guide 2015:**

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