

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 substantiated with the state.

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

Cardiac Imaging

Nuclear Cardiology/Heart
 Stress Echocardiography
 Echocardiography

DMEL, Orthotics and Prosthetics

Denial medical equipment (rental or purchased) over 120000. Prior service at all cardiology over \$2000. Prosthetics are provided and are the provider's choice for distribution. A prior authorization is required. Prosthetic based upon manufacturer's pricing other Medicaid rules.

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	Wound care

7-day day supplies for home health care.

Implantable devices

implantable and related to:

- Coronary implants
- Deep brain stimulation
- Transcatheter aortic valve replacement (TAVI) and TAVR

Inpatient Facility Admissions

Medicare or Medicaid:

- Acute Hospital Inpatient
- Long-term Acute Care Hospital (LTACH)
- Long-term Acute Care Hospital (LTACH)
- Skilled Nursing Facility
- Hospice

Non-Participating Providers

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

Outpatient Services

Cardiac Rehabilitation

Participating and Nonparticipating. Prior authorization is required if provided in an outpatient setting (cardiac rehab). Eligibility evaluation required.

Hearting tests
 Treatment of atherosclerotic vessels
 Diagnostic tests
 - CT, MRI, PET and PET scans
 Stress study

Pain Management

Prescription drug monitoring tool on the provider website. Denial of drug claims is required.

Physical, Occupational, and speech Therapy

PT/OT/ST - The first 15 visits for each discipline will not require prior authorization for participating providers only in outpatient setting, **excluding home health care services**, starting with the 16th visit. Inpatient care authorization will be required. Other visit frequencies are based on calendar year January - December effective 1/1/2016.

Pharmacy

Separate procedures exist for:
 How the Pharmacy Drug List for each state (state).

Pregnancy Modification

max 600 days.
 Subsidy modification of expectant mothers within 7 days of the first prenatal visit.

Quantitative Drug Testing for Drugs of Abuse

Specialty Referrals

Specialty Referrals for Surgery - Specialty (S) - Participating providers only - require authorization is required for inpatient and home health care services, durable equipment, or prosthetic fitting. **All Specialty Procedures will require prior authorization** regardless of location, and surgery.

Surgery

Bariatric	Colonoscopy/Proctoscopy
Cholecystectomy	Hysterectomy
Hydrolysis	Obstetrics/Gynecology
Orchidectomy	Proctology
Open Bypass	Transurethral

Transplantation

Transplant Administration - Prior auth.

Medicaid

Transplant

- Claims submission: Use transmittal file data of the ACA template for upload in claim submission. 180 days from the date of the expiration of payment (2009).
- Transmittal file is:
- Use current specific CPT-4, ICD-9 and ICD-10 codes following Medicaid guidelines.
- BE using the Medicaid's claim submission.

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Annelies Wilder-Smith



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