

South Country Health Alliance Prior Authorization Grid

Current as of 6/28/2011

*Prior authorization confirms medical necessity only and does not guarantee payment.

*Thresholds stating per year are per calendar year

*Payment is determined at the time the claim is received and is subject to health plan exclusions and out-of-network benefit limitations. Plan coverage must be in effect for the member at the time the service(s) is rendered.

*Service considered experimental or investigational must be approved by Medicare to be a covered service.

Service Name	Code	PA Req'd?	Authorization Form	Notification Req'd?	Notification Form	Threshold	Products Involved
CHEMICAL DEPENDENCY SERVICES							
Detox - Inpatient		No	Assessors - CD Request Worksheet Treating Facility (both Inpt and Outpt treatment) - CD Admission Form for all Levels of Care/SCHA CD Complexities Grid	Yes, notification within 24 hours.	Assessors - CD Request Worksheet	None	All Products
Detox - Outpatient Not a covered benefit through SCHA		No		No		None	
Hospital-based inpatient residential program		Yes	Assessors - CD Request Worksheet; Full Rule 25 Assessment Treating Facility (both Inpt and Outpt treatment) - CD Admission Form for all Levels of Care/SCHA CD Complexities Grid (at time of admission and if complexity changes); Rule 25 Assessment & Placement Summary when request continued stay	No		None	PMAP, MNCare, MSC+, SNBC no Medicare
Methadone Treatment for enrollees receiving methadone treatment immediately prior to SCHA enrollment		Yes	Assessors - CD Request Worksheet; Full Rule 25 Assessment Treating Facility (both Inpt and Outpt treatment) - CD Admission Form for all Levels of Care/SCHA CD Complexities Grid (at time of admission and if complexity changes); Minnesota Outpt MH/CD Authorization; Rule 25 Assessment & Placement Summary when request continued stay	No		None	All Products
Methadone Treatment for enrollees starting treatment after 4/4/11		Yes	Assessors - CD Request Worksheet; Full Rule 25 Assessment Treating Facility (both Inpt and Outpt treatment) - CD Admission Form for all Levels of Care/SCHA CD Complexities Grid (at time of admission and if complexity changes); Minnesota Outpt MH/CD Authorization; Rule 25 Assessment & Placement Summary when request continued stay	No		None	All Products
Non-hospital based inpatient residential program (Facilities licensed to provide room and board services only) Low, Moderate, High Intensity		Yes	Assessors - CD Request Worksheet; Full Rule 25 Assessment Treating Facility (both Inpt and Outpt treatment) - CD Admission Form for all Levels of Care/SCHA CD Complexities Grid (at time of admission and if complexity changes); Rule 25 Assessment & Placement Summary when request continued stay	No		None	PMAP, MNCare, MSC+, SNBC no Medicare
Non-hospital based inpatient residential program (Residentially licensed chemical dependency provider, eg Rule 31) Low, Moderate, High Intensity		Yes	Assessors - CD Request Worksheet; Full Rule 25 Assessment Treating Facility (both Inpt and Outpt treatment) - CD Admission Form for all Levels of Care/SCHA CD Complexities Grid (at time of admission and if complexity changes); Rule 25 Assessment & Placement Summary when request continued stay	No		None	PMAP, MNCare, MSC+, SNBC no Medicare
Outpatient Treatment		Yes	Assessors - CD Request Worksheet; Full Rule 25 Assessment Treating Facility (both Inpt and Outpt treatment) - CD Admission Form for all Levels of Care/SCHA CD Complexities Grid (at time of admission and if complexity changes); Rule 25 Assessment & Placement Summary when request continued stay	No		None	All Products

Service Name	Code	PA Reqd?	Authorization Form	Notification Reqd?	Notification Form	Threshold	Products Involved
Rule 25 Assessment		Yes, to request CD placement	Government CD Request Worksheet, FULL Rule 25 Assessment	No		None	All Products
CHIROPRACTIC SERVICES							
Chiropractic Services - manual manipulation of the spine for subluxation only. Xrays when needed to get a diagnosis of subluxation of the spine.		No		No		12 visits max per year	All Products
DURABLE MEDICAL EQUIPMENT AND RELATED SUPPLIES							
Apnea monitors		No		No		None	All Products
Baclofen pumps		No		No		None	All Products
Communication devices		Yes	SCHA Authorization Form	No		None	All Products
Continuous Glucose Monitoring systems		Yes	SCHA Authorization Form	No		None	All Products
Custom wheelchairs (manual and power)		Yes	SCHA Authorization Form	No		None	All Products
Equipment greater or equal to \$1000 or any rental item rented for greater than 4 months. (Rental is paid up to purchase price.)		Yes	SCHA Authorization Form	No		None	All Products
Insulin pumps		No		No		None	All Products
Orthotics or Prosthetics over \$1000		Yes	SCHA Authorization Form	No		None	All Products

Service Name	Code	PA Reqd?	Authorization Form	Notification Reqd?	Notification Form	Threshold	Products Involved
Oxygen and Oxygen Supplies		No		No		None	All Products
Pneumatic Compressors	E0650-E0673	Yes	SCHA Authorization Form	No		None	All Products
Positioning seats		Yes	SCHA Authorization Form	No		None	All Products
Power operated vehicle (POV)		Yes	SCHA Authorization Form	No		None	All Products
Specialty hospital beds		Yes	SCHA Authorization Form	No		None	All Products
Specialty pressure mattress		Yes	SCHA Authorization Form	No		None	All Products
Unlisted code E1399 over \$500 (Misc. DME)	E1399	Yes	SCHA Authorization Form	No		None	All Products
Unlisted code K0108 over \$1000 (Misc. wheel chair accessories)	K0108	Yes	SCHA Authorization Form	No		None	All Products
Vest percussors		Yes	SCHA Authorization Form	No		None	All Products
HEALTH AND SAFETY EQUIPMENT AND SERVICES							
Health and Safety Equipment and Services	T2025	Yes. Care Coordinator submits PA	SCC Health & Safety Request Form v.1	No		\$300 per year	MSHO

Service Name	Code	PA Reqd?	Authorization Form	Notification Reqd?	Notification Form	Threshold	Products Involved
HOME CARE SERVICES - DD, CAC, CADI, TBI WAIVER							
Home Health Aide		Yes, auth must be obtained from county case mgr	DHS-5841 Recommendation for Authorization of MA Home Care Services	No		None	PMAP, SNBC, SNBC no Medicare
In Home Therapies - Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy		Yes, auth must be obtained from county case mgr	DHS-5841 Recommendation for Authorization of MA Home Care Services	No		None	PMAP, SNBC, SNBC no Medicare
Personal Care Assistant (PCA)		Yes, auth must be obtained from county case mgr	DHS-5841 Recommendation for Authorization of MA Home Care Services	No		None	PMAP, MSHO, MSC+
Private Duty Nursing		Yes, auth must be obtained from county case mgr	DHS-5841 Recommendation for Authorization of MA Home Care Services	No		None	PMAP, MSHO, MSC+
Skilled Nurse Visits		Yes, auth must be obtained from county case mgr.	DHS-5841 Recommendation for Authorization of MA Home Care Services	No		None	PMAP, SNBC, SNBC no Medicare
HOME CARE SERVICES - ELDERLY WAIVER							
Home Health Aide - EW		No		Yes	Care Coordinator must fax the Elderly waiver Notification Form	None	MSC+, MSHO
Personal Care Assistant (PCA) - EW		No		Yes	Care Coordinator must fax the Elderly waiver Notification Form	None	MSC+, MSHO
Private Duty Nursing - EW		No		Yes	Care Coordinator must fax the Elderly waiver Notification Form	None	MSC+, MSHO
Skilled Nurse Visits - EW		No		Yes	Care Coordinator must fax the Elderly waiver Notification Form	None	MSC+, MSHO

Service Name	Code	PA Reqd?	Authorization Form	Notification Reqd?	Notification Form	Threshold	Products Involved
HOME CARE SERVICES - NON-WAIVER							
Home Health Aide		Yes, after the 20th visit per calendar year.	Home Care Fax Form (DHS-4074) or SCHA Authorization Form	No		None	All Products
In Home Therapies - Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy		Yes, after the 20th visit per calendar year.	Home Care Fax Form (DHS-4074) or SCHA Authorization Form	No		None	All Products
Personal Care Assistant (PCA)		Yes	Personal Care Assistance Assessment and Service Plan (DHS-3244)	No		None	PMAP, MNCare, MSC+, MSHO
Private Duty Nursing		Yes	MA Private Duty Nursing Assessment - (DHS-4071A)	No		None	PMAP, MNCare, MSC+, MSHO
Skilled Nurse Visits		Yes, after the 20th visit per calendar year.	Home Care Fax Form (DHS-4074) or SCHA Authorization Form	No		None	All Products
HOSPICE CARE							
Hospice Care (in the home)		No		Yes		None	All Products
HOSPITAL CARE - INPATIENT							
Emergent Medical Hospital Admission		No		Yes - Within 24 hours of admission	Inpatient Notification Form	None	PMAP, MNCare, MSC+, SNBC no Medicare
Non-Emergent Medical Hospital Admission		Yes	SCHA Authorization Form	Yes - Within 24 hours of admission	Inpatient Notification Form	None	PMAP, MNCare, MSC+, SNBC no Medicare
MENTAL HEALTH SERVICES							
ACT (Assertive Community Treatment)	H0040	No		Yes	Government Notification Form	None	All Products

Service Name	Code	PA Req'd?	Authorization Form	Notification Req'd?	Notification Form	Threshold	Products Involved
Acute Inpatient Mental Health		Yes	MH/CD Worksheet - Prior Authorization and Notification Form	Yes - Within 24 hours of admission	MH/CD Worksheet - Prior Authorization and Notification Form	None	PMAP, MNCare, MSC+, SNBC no Medicare
Adult Crisis Residential Services	H0018	Yes, after 5 days.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes, upon admission.	Government Notification Form	None	All Products
ARMHS (Adult Rehabilitative Mental Health Services)	H2017 90882 H0034	Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes, at the start of care	Government Notification Form	1200 Units cumulative, All ARMHS codes combined per year	All Products
Certified Peer Specialist		No		No			All Products
CTSS (Children's Therapeutic Services and Support) Day Treatment		Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No		200 hours per year	PMAP
CTSS (Children's Therapeutic Services and Support) Family Therapy		Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No		26 sessions per year	PMAP
CTSS (Children's Therapeutic Services and Support) Group Therapy		Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No		52 sessions per year	PMAP
CTSS (Children's Therapeutic Services and Support) Multifamily Group		Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No		10 sessions per year	PMAP
CTSS (Children's Therapeutic Services and Support) Therapy		Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No		800 units cumulative per year	PMAP
DBT (Dialectic Behavioral Therapy) - Individual DBT Therapy	H2019U1	Yes	MH/CD Worksheet - Prior Authorization and Notification Form	No		Up to 26 hours (104 units) per 6 mths (unit=15 min)	All Products

Service Name	Code	PA Req'd?	Authorization Form	Notification Req'd?	Notification Form	Threshold	Products Involved
DBT (Dialectic Behavioral Therapy) Group DBT Skills Training	H2019U1HQ	Yes	MH/CD Worksheet - Prior Authorization and Notification Form	No		Up to 78 hours (312 units) per month (unit=15 min)	All Products
Diagnostic Assessment	90801/90802 90801/90802 S2 90801/90802 T5 90801/90802 T6	Yes, after threshold is met.	MH/CD Worksheet - Prior Authorization and Notification Form	No		2 sessions 4 max per year See note D below	All Products
IMD (Institute of Mental Disease)		Yes	MH/CD Worksheet - Prior Authorization and Notification Form	Yes	MH/CD Dependency Admission Worksheet		All Products
Intensive Outpatient Mental Health Treatment		Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	10 days per episode	All Products
IRTS (Intensive Residential Treatment Services) -	090X-091X	Yes, after threshold is met.	MH/CD Dependency Admission Worksheet	No		90 days per episode - See Note C at the end of the listings	All Products
MH-TCM (Mental Health Targeted Case Management)	T2023	Yes	MH TCM Eligibility Determination Form; DA; Verification of SPMI/SED	Yes, within 45 days when determined eligible.	Fax to SCHA @ 507-431-6329 MH TCM Eligibility Determination Form and supporting documentation	None	All Products
Neuropsychological Testing	96118 96119 96120	Yes, after threshold is met.	Psychological Testing Form	No		8 hours (15 hrs max per person per year)	All Products
Partial Hospitalization	H0035	Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	10 days per episode	All Products
Psychological Testing	96101-96103	Yes, after threshold is met.	Psychological Testing Form	No		4 hours (8 hours max per person per year)	All Products
Psychotherapy - Family	90846-90849	Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No		20 Sessions per year for all family, group, individual combined	All Products

Service Name	Code	PA Reqd?	Authorization Form	Notification Reqd?	Notification Form	Threshold	Products Involved
Psychotherapy - Group	90853	Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No		20 Sessions per year for all family, group, individual combined	All Products
Psychotherapy - Individual	90804-90809 90816-80829	Yes, after threshold is met.	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No		20 Sessions per year for all family, group, individual combined	All Products
Rule 5 Childrens' Residential Treatment Services	090X-091X	Yes	MH/CD Dependency Admission Worksheet	Yes	MH/CD Dependency Admission Worksheet	None	PMAP, MNCare
NURSING HOME SERVICES							
SNF - Custodial Care		No		Yes	Nursing Home Communications Form	None	MSC+, MSHO, SNBC, SNBC no Medicare
SNF - Intensive Service Days		Yes	Nursing Home Communication Form	Yes	Nursing Home Communications Form	None	MSHO, SNBC, SNBC no Medicare
SNF - Private Room		Yes	SNF Private Room Authorization Form	Yes	Nursing Home Communications Form	None	MSHO, SNBC, SNBC no Medicare
SNF - Skilled Care Days		No		Yes	Nursing Home Communications Form	None	MSHO, SNBC, SNBC no Medicare
OUT-OF-NETWORK SERVICES							
Out-of-Network Provider/Service		Yes		Yes		None	All Products
PUBLIC HEALTH SERVICES							
Maternal Child Health and Public Health Visits	S9123	Yes, after threshold is met.	SCHA Authorization Form	No		20 visits per year	All Products

Service Name	Code	PA Reqd?	Authorization Form	Notification Reqd?	Notification Form	Threshold	Products Involved
REHABILITATION							
Acute Care Rehab		Yes	SCHA Authorization Form	No		None	PMAP, MNCare, MSC+, SNBC no Medicare
Outpatient Therapies - Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy		No		No		None	All Products
Rehabilitation (Swing bed, Nursing Home or Rehab Facility)		No		Yes	Nursing Home Communications Form	None	All Products
Vision Therapy		Yes	SCHA Authorization Form	No		1 exam & 1 weekly therapy session per 6 month period	All Products
SURGERY							
Circumcision - Routine Circumcisions are not a covered benefit.		Yes	SCHA Authorization Form	No		None	All Products
Miscellaneous Procedures - See Note A at the end of this listing		Yes	SCHA Authorization Form	No		None	All Products
Oral Surgery, Maxillofacial Surgery, or Uvulopalatopharyngoplasty (UPPP), Alveoplasty		Yes	SCHA Authorization Form	No		None	All Products
Reconstructive procedures and/or potentially cosmetic procedures - See Note B at the end of this listing		Yes	SCHA Authorization Form	No		None	All Products
Spinal Surgeries - Arthrodesis, Lumbar Fusion, or X-Stop		Yes	SCHA Authorization Form	No		None	All Products

Service Name	Code	PA Reqd?	Authorization Form	Notification Reqd?	Notification Form	Threshold	Products Involved
TRANSPLANTS							
Transplants, except cornea and kidney		Yes	SCHA Authorization Form	No for Cornea, Yes for Kidney		None	All Products
MISCELLANEOUS							
Growth Hormones		Yes	MN Uniform Formulary Exception Form	No		None	All Products
Nutritional Supplements		No		No		None	All Products
Restricted Recipients		No		Yes, all referrals to a specialist require notification from the Primary Care Clinic	Manage Care Referral Form	None	All Products

Authorization Requests: MMSI Health Services fax 888-889-7822

Benefit Plan Provisions: Call Provider Services 800-995-4543

Verify Member Eligibility and Primary Care Location: Provider Services Center 800-995-4543

Prime Therapeutics Utilization Management: 800-693-6651 fax 800-693-6703

Note A - such as, but not limited to: implantable ventricular assist systems and artificial hearts, lung volume reduction, vagus nerve stimulation, deep brain stimulation, varicose vein treatment, bone stimulators

Note B - such as, but not limited to: Brow Lifts, Panniculectomy, scar excision/revision, reduction mammoplasty or mastopexy, bariatric surgery, subcutaneous injections to change contours, suction lipectomy, tattooing or tattoo removal, septoplasty and rhinoseptoplasty, salabrasions, skin peels

Note C - Maximum 90 days per episode. Readmission within 15 days counts toward 90 day limit. Request authorization for more than 90 days.

Note D - Authorization is required to exceed 2 sessions per calendar year, cumulative for 90801 and 90802. Maximum of 4 sessions per calendar year. Provider cannot bill both 90801 & 90802 for same recipient - choose one or the other.

**If you have a question about a service not listed, call MMSI Health Services at
Benefits are subject to eligibility at the time service is rendered.
Authorization forms can be found at www.mnscha.org under Provider Resources tab and then Forms**