

2009 South Country Health Alliance

Prior Authorization/Notification List

Products: PMAP, GA/MC, MNCare, MSC+, SeniorCare Complete, AbilityCare

Behavioral Health Service	Prior Authorization Network Providers and Out of Network Providers Use the same forms for Behavioral Health Services.	Notification	Products
ACT (Assertive Community Treatment)	No	Yes Government Notification Form	All Products
Acute Inpatient Mental Health	Yes MH/CD Worksheet – Prior Authorization and Notification Form	Yes – Within 24 hours of admission	All Products
ARMHS (Adult Rehabilitative Mental Health Services)	Yes – Once DHS threshold is met MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes – At start of care Government Notification Form	All Products
CTSS (Children's Therapeutic Services and Support)	Yes – After 30 days MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes – At start of the first 30th day Government Notification Form	PMAP/ MN Care Expanded
Rule 5 Treatment facility	No	Yes Mental Health/Chemical Dependency Admission Worksheet	PMAP, Mn Care
Crisis Stabilization, Residential	Yes-- After 5 days MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes—Upon admission Government Notification Form	All Products
Day Treatment (H2012)	No	No	All Products
Individual/Family/Group Therapy Services <i>authorized as a visit for a span of dates</i>	Yes – After the 20 th visit per calendar year MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No	All Products
Intensive Outpatient Treatment	Yes – After the 10 th day MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form – Prior Authorization and Notification	Yes – For the first 10 days	All Products
IRTS (Intensive Residential Treatment Services)	Yes -- After 90 days Mental Health and Chemical Dependency Admission Worksheet	No	All Products
Neuropsychological Testing	Yes – After the initial 4 hours Psychological Testing Form	No	All Products
Partial Hospitalization	Yes – After the 10 th day MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form – Prior Authorization and Notification	Yes	All Products
Psychological Testing	Yes – After the initial 4 hours Psychological Testing Form	No	All Products
All other Chemical	No	Yes- Notification with in 24	All Products

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

Benefit Plan Provisions: Call Provider Service Center 800-995-4543

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

1

Covered benefits not listed on this grid DO NOT require an authorization.

Benefits are subject to eligibility at the time service is rendered.

Authorization forms can be found at www.mmsiservices.com under Forms tab.

January 8, 2008

Dependency Treatment: <ul style="list-style-type: none"> • Primary Residential • Half-way House • Extended Care • Outpatient Treatment (including methadone) 		hours Assessors – Government CD Request Worksheet Treating Facility – Government CD Admission Worksheet	
Medical/Surgical Service	Prior Authorization <u>Authorization Medical/Surgical Request Form</u>	Notification <u>Inpatient Notification form</u>	Products
Acute Care Rehab	Yes	No	All Products
PT, OT, ST, RT (outpatient)	No	No	All Products
Non-Emergent Medical Hospital Admission	Yes – After the 7 th day	Yes - Notification within 24 hours of admission	All Products
Reconstructive procedures and/or potentially cosmetic procedures such as, but not limited to: <ul style="list-style-type: none"> • Brow lifts • Panniculectomy • Scar excision/revision • Reduction mammoplasty, mastopexy • Bariatric surgery • Subcutaneous injections to Change Contours, • Suction Lipectomy, • Tattooing, or Tattoo Removal • Septoplasty, Rhinoseptoplasty, Salabrasion, Skin Peels 	Yes	No	All Products
Transplants except Cornea and Kidney	Yes	No for Cornea Yes for Kidney	All Products
Misc. Procedures <ul style="list-style-type: none"> • Implantable ventricular assist systems and artificial hearts • Lung volume reduction • Vagus nerve stimulation • Deep brain stimulation • Varicose Vein Treatment • Bone Stimulators 	Yes	No	All Products
Oral Surgery, Maxillofacial	Yes	No	All Products

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2

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January 8, 2008

Surgery, or Uvulopalatopharyngoplasty (UPPP)			
Circumcision (Routine Circumcision are not a covered benefit)	Yes	No	All Products
DME	Prior Authorization Authorization Medical/Surgical Request Form	Notification	Programs
<ul style="list-style-type: none"> ○ Any item greater or equal to \$1000 or any rental item rented for greater than 4 months. (Rental is paid up to purchase price) ● Orthotics or Prosthetics over \$1,000 ● Continuous Glucose Monitoring ● Custom wheelchairs (manual and power) ● Power Operated Vehicle (POV) ● Specialty hospital beds ● Vest percussors, ● Specialty pressure mattresses, ● Unlisted code E1399 over \$500 ● Unlisted code K0108 over \$1000 ● Communication devices ● Positioning seats ● Prior Authorization not required for the following; <ul style="list-style-type: none"> *Oxygen and oxygen supplies * Baclofen pumps *Insulin pumps 	Yes	No	All Products
Home Health Care	Prior Authorization	Notification	Programs
Home Health Aide	Yes – After the 20th visit per calendar year MA Home Care Fax Form or Authorization Medical/Surgical Request Form	No	PMAP, MN Care, MSC+ Senior Care Complete, Ability Care
Hospice Care (In the home)	No	Yes	PMAP, MN Care, MSC+ Senior Care Complete, Ability Care

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3

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PT, OT, ST, RT (in home)	Yes – After 20 th visit per calendar year MA Home Care Fax Form or Authorization Medical/Surgical Request Form	No	PMAP, MN Care, MSC+ Senior Care Complete, Ability Care
Skilled Nurse Visits	Yes – After the 20 th visit per calendar year MA Home Care Fax Form or Authorization Medical/Surgical Request Form	No	PMAP, MN Care, MSC+ Senior Care Complete, Ability Care
Personal Care Assistant (PCA)	Yes MA Health Status Assessment and Service Plan – MAHSA – (3244)	No	PMAP, Senior Care Complete, MN Care, MSC+
Private Duty Nursing	Yes MA Private Duty Nursing Assessment – (4071A)	No	PMAP, Senior Care Complete, MN Care, MSC+
Skilled Nursing Facility	Prior Authorization	Notification <u>Nursing Home Communications Form</u>	Programs
Admission/Discharge (use DHS form) for PMAP/MSC+/SeniorCare Complete)	No	Yes	MSC+, Senior Care Complete, Ability Care
Skilled Care Days	No	Yes	Senior Care Complete, Ability Care
Intensive Service Days	Yes		Senior Care Complete, Ability Care
Miscellaneous	Prior Authorization Prior Authorization Form	Notification Inpatient Notification Form	Programs
Out-of-Network Provider/Service	Yes	No	All Products

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4

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