

South Country Health Alliance

Prior Authorization/Notification List

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

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

Effective 1/1/2010

Behavioral Health Service	Prior Authorization Network Providers and Out of Network Providers Use the same forms for Behavioral Health Services.	Notification	Threshold	Products
ACT (Assertive Community Treatment)	No	Yes Government Notification Form	None	All Products
Acute Inpatient Mental Health	Yes MH/CD Worksheet – Prior Authorization and Notification Form	Yes – Within 24 hours of admission	N/A	All Products
CTSS (Children’s Therapeutic Services and Support) CTSS – Therapy	Yes - (After threshold is met)	Yes – At start of care	800 units cumulative	PMAP MNCare- Expanded
CTSS – Family Therapy	MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Government Notification Form	26 sessions	
CTSS – Multifamily Group			10 sessions	
CTSS – Group Therapy			52 sessions	
CTSS – Day Treatment			200 hours	
ARMHS (Adult Rehabilitative Mental Health Services)			Yes - (After threshold is met) MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes – At start of care Government Notification Form
MH TCM (Mental Health Targeted Case Management)	None	Yes – within 45 days when determined eligible. Fax to SCHA 507-431-6329	None	All Products
Rule 5 Treatment	No	Yes Mental Health/Chemical Dependency Admission Worksheet	N/A	PMAP MNCare
Adult Crisis Response Services	Yes-- After 5 days MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	Yes—Upon admission Government Notification Form	N/A	All Products

Day Treatment	No	No	N/A	All Products
Individual/Family/Group Therapy Services	Yes - (After threshold is met) MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form	No	20 sessions	All Products
Intensive Outpatient Treatment	Yes - (After threshold is met) MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form – Prior Authorization and Notification	Yes	10 days	All Products
IRTS (Intensive Residential Treatment Services)	Yes - (After threshold is met) Mental Health and Chemical Dependency Admission Worksheet	No	90 days	All Products
Neuropsychological Testing	Yes - After threshold is met) Psychological Testing Form	No	8 hours	All Products
Psychological Testing	Yes - (After threshold is met) Psychological Testing Form	No	4 hours	All Products
Partial Hospitalization	Yes - (After threshold is met) MN Universal Outpatient Mental Health/Chemical Dependency Authorization Form – Prior Authorization and Notification	Yes	10 days	All Products
Chemical Dependency Treatment: Primary Residential	Yes - (After threshold is met)	Yes- Notification within 24 hours Assessors – Government CD Request Worksheet Treating Facility – both Inpatient and Outpatient treatment – Government CD Admission Worksheet	20 days	All Products
Non-hospital based inpatient residential program (Residentially licensed chemical dependency provider e.g. Rule 31)	Yes - (After threshold is met)	Yes- Notification within 24 hours Assessors – Government CD Request Worksheet Treating Facility – both Inpatient and Outpatient treatment – Government CD Admission Worksheet	30 days	All Products
Non-hospital based inpatient residential program (Facilities licensed to provide room and board services only)			30 days	
Outpatient Treatment			30 days	
Methodone Treatment	No	N/A	N/A	All Products

Medical/Surgical Service	Prior Authorization <u>Authorization Medical/Surgical Request Form</u>	Notification <u>Inpatient Notification form</u>	Threshold	Products
Acute Care Rehab	Yes	No	N/A	All Products
PT, OT, ST, RT (outpatient)	No	No	N/A	All Products
Vision Therapy	Yes	NO	?	All Products
Non-Emergent Medical Hospital Admission	Yes – After the 7 th day	Yes - Notification within 24 hours of admission	N/A	All Products
Rehabilitation (Swing Bed, Nursing Home or Rehab Facility)	Verify Benefit Coverage	N/A	N/A	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	N/A	All Products
Transplants except Cornea and Kidney	Yes	No for Cornea Yes for Kidney	N/A	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	N/A	All Products
Oral Surgery, Maxillofacial Surgery, or Uvulopalatopharyngoplasty (UPPP)	Yes	No	N/A	All Products
Circumcision	Yes	No	N/A	All Products

(Routine Circumcisions are not a covered benefit)				
DME	Prior Authorization <u>Authorization Medical/Surgical Request Form</u>	Notification	Threshold	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 <p>Prior Authorization <u>not</u> required for the following:</p> <ul style="list-style-type: none"> • Oxygen and oxygen supplies • Baclofen pumps • Insulin pumps 	Yes	No	N/A	All Products
Home Health Care	Prior Authorization Members Receiving Waivered Services (DD, CAC, CADI, TBI and EW) Prior Authorization is required at the start of care or when changes in service occur.	Notification	Threshold	Programs
Home Health Aide - Non Waiver	Yes – After the 20th visit per calendar year MA Home Care Fax Form or Authorization Medical/Surgical Request Form	No	N/A	PMAP MNCare MSC+ SeniorCare Complete AbilityCare
Home Health Aide - Elderly Waiver	No	Yes County Case Manager must fax the	N/A	MSC+ SeniorCare Complete

Skilled Nursing Facility	Prior Authorization	Notification Nursing Home Communications	Threshold	Programs
Home Health Aide - DD, CAC,CADI, TBI Waivers	Yes Authorization must be obtained from the County Case Manager.	No	N/A	PMAP AbilityCare
Hospice Care (In the home)	No	Yes	N/A	PMAP MNCare MSC+ SeniorCare Complete AbilityCare
PT, OT, ST, RT (in home) – Non Waiver	Yes – After 20 th visit per calendar year MA Home Care Fax Form or Authorization Medical/Surgical Request Form	No	N/A	PMAP MNCare MSC+ SeniorCare Complete AbilityCare
PT, OT, ST, RT (in home) - Elderly Waiver	No	Yes County Case Manager must fax the Notification form	N/A	MSC+ SeniorCare Complete
PT, OT, ST, RT (in home) - DD, CAC,CADI, TBI Waivers	Yes Authorization must be obtained from the County Case Manager.	No	N/A	PMAP AbilityCare
Skilled Nurse Visits – Non Waiver	Yes – After the 20 th visit per calendar year MA Home Care Fax Form or Authorization Medical/Surgical Request Form	No	N/A	PMAP MNCare MSC+ SeniorCare Complete AbilityCare
Skilled Nurse Visits - Elderly Waiver	No	Yes County Case Manager must fax the Notification form	N/A	MSC+ SeniorCare Complete
Skilled Nurse Visits - DD, CAC,CADI, TBI Waivers	Yes Authorization must be obtained from the County Case Manager.	No	N/A	PMAP AbilityCare
Personal Care Assistant (PCA) – Non Waiver	Yes MA Health Status Assessment and Service Plan – MAHSA – (3244)	No	N/A	PMAP MNCare MSC+ Senior Care Complete
Personal Care Assistant (PCA) - Elderly Waiver	No	Yes County Case Manager must fax the Notification form	N/A	MSC+ SeniorCare Complete
Personal Care Assistant - DD, CAC,CADI, TBI – Waivers	Yes Authorization must be obtained from the County Case Manager.	No	N/A	PMAP
Private Duty Nursing – Non Waiver	Yes MA Private Duty Nursing Assessment – (4071A)	No	N/A	PMAP MNCare MSC+ Senior Care Complete
Private Duty Nursing - Elderly Waiver	No	Yes County Case Manager must fax the Notification form	N/A	MSC+ SeniorCare Complete
Private Duty Nursing - DD, CAC,CADI, TBI Waivers	Yes Authorization must be obtained from the County Case Manager.	No	N/A	PMAP

		<u>Form</u>		
Custodial Care	No	Yes	N/A	MSC+ SeniorCare Complete AbilityCare
Skilled Care Days	No	Yes	N/A	SeniorCare Complete AbilityCare
Intensive Service Days	Yes	Yes	N/A	SeniorCare Complete AbilityCare
Miscellaneous	Prior Authorization Prior Authorization Form	Notification Inpatient Notification Form	Threshold	Programs
Out-of-Network Provider/Service	Yes	Yes	N/A	All Products
Restricted Recipient	Prior Authorization	Notification	Threshold	Programs
All services performed by specialists	No	Yes – all referrals to a specialist require notification from the Primary Care Clinic	N/A	All Products
Public Health and Maternal Child Health	Prior Authorization <u>Authorization Medical/Surgical Request Form</u>	Notification	Threshold	Programs
Maternal Child Health and Public Health Visits	Yes – After the 20 th visit per calendar year Authorization Medical/Surgical Request Form	No	N/A	PMAP MNCare MSC+ SeniorCare Complete AbilityCare

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.