



Authorization Requirements Medicare/Medicaid Plan Only

Phone: 877-725-2688 Fax: Inpatient 877-809-0786 /Outpatient 877-809-0787

All Hospitalizations require authorization including Transplants.

Pre-scheduled, elective admissions must have prior authorization prior to admission.

Emergent inpatient admissions require notification by the close of the next business day following the admission.

All Non-Participating/Out-of-Network Providers require prior authorization for all outpatient and elective inpatient services.

Prior Authorization is required for the services listed below whether billed on UB-04 or CMS 1500.

<p>Labs Place of Service 11, 22, or 81 Exception: LABS- The following routine lab services may be performed in a participating provider’s office without authorization: 81001* 81002 *81003* 81005 *81007 *81025*82010* 82270 *82272 *82570* 82947 *82962 83026 *83036 *84478* 84520* 84703 *85013 *85014* 85018 *85610 *87449 *87804* 87880.</p> <p>All other lab specimens should be drawn in the provider’s office and sent to a participating lab provider such as Quest, CPL, LapCorp or ProPath... The provider will be reimbursed for the lab draw.</p> <p>All other lab services completed anywhere else <i>must be authorized prior to services being rendered.</i></p>	<p>Skilled Nursing Facility Place of Service 31</p> <ul style="list-style-type: none"> • All SNF admission <p>Inpatient Acute Care Place of Service 21</p> <ul style="list-style-type: none"> • All medical/surgical • All Behavioral Health • All Inpatient Rehabilitation • All Long Term Acute Care (LTAC) <p>Custodial Nursing Facility Place of Service 32</p> <ul style="list-style-type: none"> • Add-On services
<p>Health Care Office Place of Service 11, 50, 71. 72</p> <ul style="list-style-type: none"> • Ambulatory Blood Pressure Monitoring • Chiropractor-for all services except manipulations, up to 6 visits • Hearing Aids (requires 30-day trial) • Pain Management procedures 	<p>DME</p> <ul style="list-style-type: none"> • All Miscellaneous Codes • Any supplies/equipment requests that exceed Medicaid allowable benefit • All equipment rentals

Health Care Office**Place of Service 11, 50, 71. 72 (continued)**

- Radiology: CT, MRI, MRA, PET
- Sleep studies
- Viscosupplementation: J7321, J7323, J7324, J7325, J7326
- Treatment with injection J1300 Eculizumab, 10 mg
- Treatment with injection J9354 Ado-Trastuzumab Emtansine

Home Health**Place of Service 12**

- ECI notification only
- Enteral feedings
- Nutritional Supplements
- Home Health Aide
- Occupational therapy excluding initial evaluation
- Physical therapy excluding initial evaluation
- Skilled nursing excluding initial evaluation
- Speech therapy after evaluation. (Speech therapy is covered for members 20 and younger in the home setting. Speech therapy is not covered for adults in home setting.)

Hospice**Place of Service 34**

- Hospice care-**notification only**

Transportation**Place of Service 41/42**

- Ambulance-**non** -emergent air or ground

LTSS and STAR+PLUS Waiver Services

- Personal Attendant Services (PAS)
- Protective Supervision
- Day Activity & Health Services (DAHS)
- Adult Foster Care (AFC)
- Assisted Living (AL)
- Emergency Response Services (ERS)
- Home Delivered Meals (HDM)

DME (continued)

- All purchases over \$500 (per claim line)

Prosthetics/Orthotics

- All require authorization

Outpatient Procedures**Place of Service 22**

- All Miscellaneous Codes
- Abortion
- Cardiac Rehabilitation
- Circumcision 1yr and older
- Cosmetic Surgeries are not covered
- Dental Anesthesia
- ECI Notification
- Enhanced External Counterpulsation (EECP)
- EEG with video monitoring
- Health/Behavior Assess/Intervention HBAI(see below)
- Hernia repairs-ALL types
- Hyperbaric Oxygen Therapy
- Hysterectomies-ALL types
- Implantable Devices ALL types such as Cochlear Implants, pacemaker, pain pumps, defibrillators, insulin pump
- Occupational therapy excluding initial evaluation
- Oral Surgery
- Pain Management Procedures
- Physical Therapy excluding initial evaluation
- Plastic and Reconstructive Surgery
- Radiology: CT, MRI, MRA, PET
- Sleep Studies

<p>LTSS and STAR+PLUS Waiver Services (<i>continued</i>)</p> <ul style="list-style-type: none"> • Minor Home Modifications (MHM) • Nursing Services and Therapy Services (LTSS) • Transition Assistance Services (TAS) • Cognitive Rehabilitation Therapy (CRT) • Supportive Employment • Employment Assistance • Community First Choice • Prescribed Pediatric Extended Care Center (PPECC) • Nutritional Supplements 	<p>Outpatient Procedures Place of Service 22 (<i>continued</i>)</p> <ul style="list-style-type: none"> • Speech therapy excluding initial evaluation • Sterilization –Prior auth and Physician Statement required with claim • Telemonitoring • TMJ Procedures • Transplant Evaluations • Varicose Vein Procedures • Vagus Nerve Stimulation • Wound Care
<p>Behavioral Health</p> <ul style="list-style-type: none"> • All Inpatient Admissions • Partial Hospital Program • Outpatient Psychological and Neuropsychological Testing • Outpatient Electroconvulsive Therapy (ECT) <p>Substance Use Disorder Services</p> <ul style="list-style-type: none"> • Ambulatory Detoxification • Residential Detoxification • Residential Treatment • Medication Assisted Therapy (MAT)-Notification Only • Intensive Outpatient Program (IOP) <p>Health and Behavior Assessment and Intervention Services (HBAI)</p>	<p>Mental Health Rehabilitation Services</p> <ul style="list-style-type: none"> • Adult Day Program for Acute Needs • Medication Training and Support • Skills Training and Development • Psychosocial Rehabilitative Services <p>Targeted Case Management</p> <ul style="list-style-type: none"> • Routine Mental Health Case Management -Adult • Routine Case Management-Child or Adolescent • Intensive Case Management-Child or Adolescent

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