



Authorization Requirements (Medicaid MMP only) Phone: 877-725-2688 Fax: 877-809-0787	
All Hospitalizations require authorization including Transplants	
<ul style="list-style-type: none"> • 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 HCFA 1500. 	
Type of Service	Place of Service (POS)
Behavioral Health Services	<ul style="list-style-type: none"> • All Inpatient Admissions • Partial Hospital Program
Labs	<p>POS: 11, 22, or 81</p> <p>Exception: LABS- The following routine lab services may be performed in a participating provider's office without authorization: *81000 81001* 81002 *81003* 81005 *81015, *81025*82010*, 82043, 82247, 82270, 82271, *82272 82465* 82565 82947 *82948*82950* 82951* 82952* 83036* 83037*83655 *84132 *84703 *85013 *85014* 85018 *85025*85610 *87449 *87804* 87807* 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 must be authorized prior to services being rendered.</p>
Health Care Office	<p>POS: 11, 50, 71. 72</p> <ul style="list-style-type: none"> • Chiropractor-for all services except manipulations, up to 6 visits • Pain Management procedures • Hearing Aids (30 day trial required) <p>Health Care Office POS: 11, 50, 71. 72 (continued)</p> <ul style="list-style-type: none"> • Radiology: CT, MRI, MRA, PET • Viscosupplementation: J7321, J7323, J7324, J7325, J7326 • Treatment with injection J1300 Eculizumab, 10 mg • Treatment with injection J9354 Ado-Trastuzumab Emtansine • Treatment with injection C9484 eteplirsen Exondys 51 • Treatment with injection C9489 nusinersen, Spinraza • Treatment with injection Q2040 Tisagenlecleucel , Kymriah

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	<ul style="list-style-type: none"> • Treatment with injection C9014, cerliponase alfa, Brineura • Treatment with injection C2098, inotuzumab ozogamicin, Besponsa • Treatment with injection Q2041, axicabtagene ciloleucel, Yescarta • Treatment with injection J3590, burosumab-twza, Crysvisa • Treatment with injections using miscellaneous codes
Home Health	<p>POS: 12</p> <ul style="list-style-type: none"> • 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
Inpatient Acute Care	<p>POS: 21</p> <ul style="list-style-type: none"> • All Medical/Surgical • All Behavioral Health • All Inpatient Rehabilitation • All Long Term Acute Care (LTAC)
LTSS and STAR+PLUS Waiver Services	<p>Long Term Services and Supports</p> <ul style="list-style-type: none"> • 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) • 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
Custodial Nursing Facility	<p>POS: 32 Add-on Services</p>
DME	<ul style="list-style-type: none"> • Any supplies/equipment requests that exceed Medicaid allowable benefit • All equipment rentals • All purchases over \$500 (per claim line) <p>Prosthetics/Orthotics</p> <ul style="list-style-type: none"> • All require authorization
Prosthetics/Orthotics	All require authorization

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Substance Use Disorder Services	<ul style="list-style-type: none"> • All Inpatient Admissions • Residential Detoxification • Residential Treatment
Outpatient Procedures	<p>POS: 22</p> <ul style="list-style-type: none"> • Abortion • Bariatric Surgery • Cosmetic Surgeries • Dental Anesthesia • Implantable Devices ALL types such as Cochlear Implants, pacemaker, pain pumps, defibrillators, insulin pump • Occupational therapy excluding initial evaluation • Pain Management Procedures • Physical Therapy excluding initial evaluation • Plastic and Reconstructive Surgery • Radiology: CT, MRI, MRA, PET • Speech therapy excluding initial evaluation • Sterilization –Prior auth and Physician Statement required with claim • Telemonitoring • Transplant Evaluations • Varicose Vein Procedures
Transportation	<p>POS: 41 & 42 Ambulance: non-emergent air or ground</p>