

**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><b>Labs</b> <b>Place of Service 11, 22, or 81</b> 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 <b>Quest, CPL, LapCorp or ProPath...</b> 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><b>Skilled Nursing Facility</b> <b>Place of Service 31</b></p> <ul style="list-style-type: none"> <li>• All SNF admission</li> </ul> <p><b>Inpatient Acute Care</b> <b>Place of Service 21</b></p> <ul style="list-style-type: none"> <li>• All medical/surgical</li> <li>• All Behavioral Health</li> <li>• All Inpatient Rehabilitation</li> <li>• All Long Term Acute Care (LTAC)</li> </ul> <p><b>Custodial Nursing Facility</b> <b>Place of Service 32</b></p> <ul style="list-style-type: none"> <li>• Add-On services</li> </ul>
<p><b>Health Care Office</b> <b>Place of Service 11, 50, 71. 72</b></p> <ul style="list-style-type: none"> <li>• Ambulatory Blood Pressure Monitoring</li> <li>• Chiropractor-for all services except manipulations, up to 6 visits</li> <li>• Hearing Aids (requires 30-day trial)</li> <li>• Pain Management procedures</li> </ul> <p><b>Health Care Office</b></p>	<p><b>DME</b></p> <ul style="list-style-type: none"> <li>• All Miscellaneous Codes</li> <li>• Any supplies/equipment requests that exceed Medicaid allowable benefit</li> <li>• All equipment rentals</li> </ul> <p><b>DME (continued)</b></p>

**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)

**LTSS and STAR+PLUS Waiver Services (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

**Outpatient Procedures**

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

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