



Authorization Requirements (Medicaid STAR+PLUS only)

Phone: 877-725-2688 Fax: 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 HCFA 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: *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 <i>must be authorized prior to services being rendered</i>.</p>	<p>Inpatient Acute Care Place of Service 21</p> <ul style="list-style-type: none"> All Medical/Surgical All Behavioral Health <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"> Chiropractor-for all services except manipulations, up to 6 visits Hearing Aids(requires 30 day trial) Pain Management 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 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, Crysvita Treatment with injections using miscellaneous codes 	<p>DME:</p> <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

<p>Home Health Place of Service 12</p> <ul style="list-style-type: none"> • Enteral feedings • Nutritional Supplements <p>Home Health disciplines:</p> <ul style="list-style-type: none"> • Home Health Aide • Occupational therapy excluding initial evaluation • Physical therapy excluding initial evaluation • Skilled nursing excluding initial evaluation <p>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.)</p> <p>Transportation Place of Service 41/42 Ambulance-non -emergent air or ground</p> <p>LTSS and STAR+PLUS Waiver Services:</p> <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 <p>Prescribed Pediatric Extended Care Center (PPECC)</p>	<p>Outpatient Procedures Place of Service 22</p> <ul style="list-style-type: none"> • Abortion • Bariatric surgery • Cosmetic Surgeries are not covered • 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 <p>Behavioral Health Services</p> <ul style="list-style-type: none"> • All Inpatient Admissions • Partial Hospital Program <p>Substance Use Disorder Services</p> <ul style="list-style-type: none"> • All Inpatient Admissions • Residential Detoxification • Residential Treatment
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