



Magnolia Health Plan (Magnolia) Services Requiring Plan Authorization (PA) Effective 1/1/12

This Participating Provider Prior Authorization List is not intended to be an all-inclusive list of covered services but it substantially provides current PA instructions. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

HSOM – Health Systems of Mississippi PA – Prior Authorization

Service	Benefit Limitation	PA Required	Comments
Abortion (Elective)		NO	No PA required. Covered only when medically necessary to save the life of the mother or if pregnancy is the result of rape or incest. Must submit Mississippi Medicaid Abortion Necessity Form with claim.
Ambulatory Surgery Center		NO	
Ambulance - Airplane		YES	PA required for Fixed Wing (airplane) Ambulance Services
Ambulance – Emergent		NO	Ground and helicopter ambulance
Ambulance – Non-emergent		See Comments	Non-emergent ambulance services are covered by Magnolia and require PA.
Behavioral Health Services (Inpatient and Outpatient)		See Comments	Not covered by Magnolia. Contact the Division of Medicaid Bureau of Mental Health at 1-800-421-2408
Behavioral Health Prescriptions	See Prescription Drug limits below.	See Comments	Covered by Magnolia. PA required for specific medications on the Preferred Drug List (PDL). Contact US Script at 1-800-460-8988 for PA.
Cardiac Rehabilitation		Yes	
Category III CPT Codes		Yes	Temporary CPT codes for emerging technology require PA. National HCPCS T Codes used by Medicaid state agencies do not require PA.
Chiropractic Services	\$700/year	NO	
Community-Based Mental Health Services		See Comments	Not covered by Magnolia. Contact the Division of Medicaid Bureau of Mental Health - 1-800-421-2408
CT/CTA (Non-inpatient/ Non-emergent)		YES	Contact National Imaging Associates (NIA) at 1-866-912-6285 or www.RadMd.com for authorization.
Dialysis		NO	
Dental Anesthesia		YES	Covered by DentaQuest at 1-866-912-6285
Dental Services (Less than 21 years)	\$2,500/year - dental \$4,200/ lifetime - orthodontia	See Comments	Covered by DentaQuest at 1-866-912-6285. Routine preventive care does not require PA. Orthodontia and other dental services require PA as noted on the MS Medicaid FFS PA list.
Dental Services (21 years and older)	\$2,500/year	YES	Covered by DentaQuest at 1-866-912-6285; Emergent and palliative (pain control) only.
Durable Medical Equipment (DME)		YES	Greater than \$500 requires PA by CareCentrix at 1-888-571-6019. Items \$500 or less per service line, any setting, DO NOT require PA
Emergency Room Services	6/year	NO	
Enteral & Parenteral Nutrition for Home Use		YES	Available through pharmacy benefit. PA/Bill to US Script at 1-800-460-8988
Early Periodic Screening Diagnosis and Treatment (EPSDT; well child services)	Less than 21 years	NO	
Expanded EPSDT Services	Less than 21 years	YES	PA required for any service that exceeds benefit limit
Eye Glasses	1 pair per year – adult 2 pair per year - child	NO	Provided through OptiCare at 1-800-334-3937
Family Planning	Over-the-Counter (OTC) birth control items are not covered	NO	Includes prescription birth control pills, Mirena, and other Intra-Uterine Devices (IUDs)
Federally Qualified Health Center Services (FQHC) & Rural Health Clinic (RHC) Services		NO	
Genetic Testing		YES	PA required for select procedure codes.
Hearing Aids and Cochlear Implants	Less than 21 years	YES	
Home Health Care Services	25 visits/year	YES	PA by CareCentrix at 1-888-571-6019. Includes traditional home care, home therapies, home medical equipment, and private duty nursing. Home-based OT/PT/ST (therapies) not covered for adults 21 years and older.
Hospice Care (Inpatient/Outpatient/ Hospital based/ nursing home/home setting)		YES	Must submit copy of MD's Certificate of Need, Patient Election form, history and physical with documentation of terminal diagnosis with PA request. Face-to-Face Encounter forms required prior to the 180 day recertification and prior to each subsequent recertification.
Hospital Services (Inpatient)	30 days per year	See Comments	Inpatient hospital services authorized through HSOM (except hospice as noted above). Magnolia reimburses professional fees.

Service	Benefit Limitation	PA Required	Comments
Hysterectomy (Outpatient)		YES	Must submit copy of consent form with PA request
Laboratory Services		See Comments	Only select genetic testing requires PA
Maternity (Office and Outpatient)		NO	Submit Notice of Pregnancy (NOP) form at first visit.
Medical Supplies		See Comments	Greater than \$500 requires PA by CareCentrix at 1-888-571-6019. Items \$500 or less per service line, any setting, DO NOT require PA
Mississippi State Department of Health Department Services		NO	
MRI/MRA (Non-inpatient/Non-emergent)		YES	Contact NIA at 1-866-912-6285 or www.RadMd.com for authorization.
Neuro-Psychological Services		YES	These procedure codes require authorization: 96118, 96119, 96120
Nuclear Cardiology		YES	Including but not limited to: Thallium stress test or nuclear stress test
Non-Emergency Transportation (NET)	Must be MS Medicaid-covered service.	YES	Not covered by Magnolia. Covered by MS Medicaid. Call LogistiCare at 1-866-331-6004 to PA services.
Nursing Home Facility	Skilled nursing only	YES	Non-skilled, custodial, and long-term care is not covered by Magnolia.
Oral Surgeon Services		YES	Covered by DentaQuest at 1-866-912-6285
Orthotics & Prosthetics (O&P)	Less than 21 years old	YES	Greater than \$500 requires PA by CareCentrix at 1-888-571-6019. Items \$500 or less per service line, any setting, DO NOT require PA
Out-of-Network Physician & Facility Services		YES	Except emergency room (ER) services and family planning services
Out-of-State Physician & Facility Services		YES	Except emergency room (ER) services
Observation		YES	
Pain Management Services		YES	All treatments & procedures such as pain blocks, steroid injections; in office or outpatient setting
PET Scan (non inpatient/ non-emergent)		YES	Contact NIA at 1-866-912-6285 or www.RadMd.com for authorization.
Physician, Physician Assistant, and Nurse Practitioner Office Visits	Unlimited	NO	Referrals to in-network specialists do not require PA
Plastic Surgeon		YES	All treatments & procedures in office or outpatient setting. Services for cosmetic purposes only are not a covered benefit.
Podiatrist Services	Routine foot care is limited to 1 per year*	NO	*Exception: routine foot care is unlimited for systemic conditions (Peripheral Vascular Disease (PVD), diabetes, etc.).
Prescription Drugs	6/month with no more than 2 of the 6 being brand name drugs	See Comments	Authorization is required for specific medications as noted in the Preferred Drug List (PDL). Contact US Script at 1-800-460-8988. More than 6 prescriptions require PA. Diabetic supplies and AIDS/HIV medications do not count toward limit.
X-RAY		NO	Routine X-Rays
Skilled Nursing Services (SNF)		YES	Nursing home setting is covered by Magnolia. Hospital-based SNF is authorized by HSOM
Sleep Study		YES	Outpatient or home setting only
Specialty Injection and/or Infusion Services		YES	See Biopharm Authorization List on Magnolia website. Infusions administered by Hematologist/Oncologist do not require prior authorization. Drugs may be obtained from provider "Buy & Bill", vendor, or other specialty pharmacy. Drugs given in home setting PA/bill to US Script 1-800-460-8988. Drugs given in provider office or outpatient setting PA/bill to Magnolia.
Stereotactic Radiosurgery and Radiation treatment		YES	
Sterilization Procedures		NO	Must submit consent form with claim.
Surgery: Potentially Cosmetic (Outpatient)		YES	Including but not limited to: Blepharoplasty; Breast Reconstruction; Breast Reduction Surgery; Septoplasty; Mastectomy for Gynecomastia; & Varicose Vein Treatments
Therapy (OT, PT, ST) Services (Outpatient)	Home-based therapy not covered for 21 years and older	YES	Initial evaluation does not require PA. Submit treatment plan & goals for PA of continued services. MUST BE BILLED w/G MODIFIERS (GN, GO, GP)
Transplant Services (Outpatient)		YES	All transplant services include pre- & post- transplant services. Inpatient services authorized by HSOM.