

Magnolia Health CHIP Services Requiring Prior Authorization (PA) *Effective 12/1/2016

This <u>participating</u> Provider PA 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. <u>NON-PARTICIPATING PROVIDERS MUST RECEIVE PRIOR APPROVAL FOR ALL SERVICES EXCEPT BASIC LABORATORY CHEMISTRIES AND BASIC RADIOLOGY.</u>

Service	Benefit Limitation	PA Required	Comments
Abortion		YES	Elective Abortions are not covered
Ambulance - Airplane		YES	PA required for Fixed Wing (airplane) Ambulance Services
Behavioral Health Services		YES	Contact Cenpatico at 1-866-912-6285 for authorization.
Cardiac Rehabilitation			
Cochlear Implants		YES	
CT/CTA		YES	Contact National Imaging Associates (NIA) at 1-866-912-6285 or
			www.RadMd.com for authorization.
Dental Anesthesia			Submit requests to Envolve Dental at 1-866-912-6285
Dental Services	\$2,000/calendar year \$5,000/ lifetime - TMJ	YES	Covered by Envolve Dental at 1-866-912-6285.
Durable Medical Equipment (DME)		YES	Codes identified at www.magnoliahealthplan.com under 'Pre-Auth Needed?'
Genetic/Molecular Diagnostic Testing		YES	
Hearing Aids		YES	
Home Health Care Services	\$10,000/annually	YES	Includes traditional home care, home therapies, home medical equipment, and private duty nursing.
Home Infusion		YES	
Hospice Care	\$15,000/lifetime	YES	
Hyperbaric Oxygen Therapy		YES	
Inpatient Hospital Services		YES	Required for elective/scheduled admissions at least five (5) business days prior to the scheduled admit except maternity admissions for vaginal deliveries with stays of three (3) days or less, or cesarean section deliveries with stays of (5) calendar days or less. Otherwise, all inpatient admissions require notification via an authorization request within two (2) business days of the admission. Prior Authorization is NOT required for emergent care, urgent care or post stabilization services. Once stabilized, certification for hospital admission or authorization for follow up care is required. Inpatient concurrent requests are required at least one (1) business day prior to the last day approved.
Medical Supplies		YES	Codes identified at www.magnoliahealthplan.com under 'Pre-Auth Needed?'
MRI/MRA		YFS	Contact NIA at 1-866-912-6285 or <u>www.RadMd.com</u> for authorization.
Neuro-Psychological Services		YES	
Nuclear Cardiology		YES	Contact NIA at 1-866-912-6285 or www.RadMd.com for authorization.
Nutritional Supplements (oral) for Home Use		YES	Available through pharmacy benefit. Requires PA/Bill to Envolve Pharmacy Solutions at 1-800-460-8988
Oral Surgeon Services		YES	Covered by Envolve Dental at 1-866-912-6285
Orthotics & Prosthetics (O&P)		YES	Codes identified at www.magnoliahealthplan.com under 'Pre-Auth Needed?'
Out-of-Network Physician & Facility Services		YES	Except emergency room (ER) services, family planning services, basic laboratory chemistries and basic radiology
Pain Management Services		YES	All treatments & procedures in office or outpatient setting

PET Scan		VEC	Contact NIA at 1-866-912-6285 or www.RadMd.com for authorization.
Service	Benefit Limitation	PA Required	Comments
Plastic Surgeon		YES	Exclusion for cosmetic purposes except for correction of defects incurred by the member while covered under the program through traumatic injuries or disease requiring surgery.
Podiatry		YES	
Prescription Drugs		See Comments	Authorization is required for specific medications as noted in the Preferred Drug List (PDL). Contact Envolve Pharmacy Solutions at 1-800-460-8988.
Qualitative & Quantitative Drug Test		YES	Codes identified at www.magnoliahealthplan.com under 'Pre-Auth Needed?'
Skilled Nursing Facility		YES	
Sleep Study		YES	
Specialty Injection and/or Infusion Services		YES	Drugs may be obtained from provider "Buy & Bill", vendor or other specialty pharmacy. Drugs given in home setting-PA/bill to Envolve Pharmacy Solutions 1-800-460-8988. Drugs given in provider office or outpatient setting-PA/bill to Magnolia.
Stereotactic Radiosurgery & Specialized Radiation Therapy		YES	
Surgery		YES	
Therapy		YES	PA required after initial evaluation
Transplant Services		YES	All transplant services including pre- & post- transplant services.
Ultrasounds		YES	Greater than two (2) OB Ultrasounds and MR-Guided Focused (MRgFUS)
Vision Services & Eyewear		See Comments	PA required for select non-routine services. Contact Envolve Vision at 1-866-912-6285