



Magnolia Health Medicaid Services Requiring Prior Authorization (PA) *Effective 8/1/2020

This **participating 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. **NON-PARTICIPATING PROVIDERS MUST UTILIZE THE PRIOR AUTHORIZATION TOOL ON THE MAGNOLIA WEBSITE TO DETERMINE IF AN AUTHORIZATION IS REQUIRED FOR ALL SERVICES EXCEPT OUTPATIENT BASIC LABORATORY CHEMISTRIES AND BASIC RADIOLOGY.**

Service	DOM-Division of Medicaid		PA-Prior Authorization
	Benefit Limitation	PA Required	Comments
Ambulance - Airplane		YES	PA required for Fixed Wing (airplane) Ambulance Services
Ambulance – Non-emergent		YES	PA required for Hospital to Hospital transport. For all other non-emergent ambulance transport, contact MTM at 1-866-912-6285
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 Envolve Pharmacy Solutions at 1-800-460-8988 for PA
Behavioral Health Services		YES	Contact Magnolia Behavioral Health Services at 1-866-912-6285 for authorization
Cardiac Rehabilitation		YES	
Category III CPT Codes		YES	Temporary CPT codes for emerging technology require PA
Continuous Glucose Monitoring		YES	
CT/CTA (Non-inpatient/Non-emergent)		YES	Contact National Imaging Associates (NIA) at 1-866-912-6285 or www.RadMd.com for authorization
Dental Anesthesia		YES	Contact Envolve Dental at 1-866-912-6285.
Dental Services (Less than 21 years)	\$2,500/year - dental \$4,200/ lifetime-Orthodontia	See Comments	Contact Envolve Dental at 1-866-912-6285. Routine preventive care does not require PA. Orthodontia, dentures and services performed in a hospital or outpatient facility require PA. See the Envolve Dental Provider Manual for details.
Dental Services (21 years and older)	\$2,500/year	YES	Contact Envolve Dental at 1-866-912-6285. Emergent and palliative (pain control) only.
Durable Medical Equipment (DME)		YES	Codes identified at www.magnoliahealthplan.com under 'Pre-Auth Needed?'
Expanded EPSDT Services	Less than 21 years old	YES	PA required for any service that exceeds EPSDT benefit limit
Genetic/Molecular Diagnostic Testing		YES	
Hearing Aids and Cochlear Implants	Less than 21 years old	YES	
Home Health Care Services	36 visits/year	YES	Initial evaluation does not require PA for Par providers. Includes traditional home care, home therapies, home medical equipment and private duty nursing (not limited to 36 visits/year). NOTE: Home-based OT/PT/ST (therapies) are not covered benefits for adults 21 years and older.
Home Infusion		YES	
Hospice Care (Inpatient/Outpatient/Hospital based/Home setting)		YES	Must submit all documentation listed in DOM's Administrative Code Title 23: Medicaid Part 205 Hospice Services
Hyperbaric Oxygen Therapy		YES	
Hysterectomy (Outpatient)		YES	Must submit copy of consent form with the claim
Inpatient Hospital Services		YES	Required for elective/scheduled admissions at least 14 calendar days and no later than five (5) business days prior to the scheduled admission except maternity admissions for vaginal deliveries with stays of three (3) calendar days or less, or cesarean section deliveries with stays of five (5) calendar days or less. Otherwise, all inpatient admissions require notification within one (1) business day of admission and 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.

Service	Benefit Limitation	PA Required	Comments
Medical Nutrition Therapy	Benefit limit of 1 initial assessment per lifetime and 1 unit (visit) of therapy per day	YES	Expanded EPSDT benefit only
Medical Supplies		YES	Codes identified at www.magnoliahealthplan.com under 'Pre-Auth Needed?'
MRI/MRA (Non-inpatient/Non-emergent)		YES	Contact NIA at 1-866-912-6285 or www.RadMd.com 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. Also available as a medical benefit with no PA required and invoice must be submitted with claim.
Oral Surgeon Services		YES	Contact Envolve Dental at 1-866-912-6285
Oral Maxillofacial Surgeon Services		YES	Orthognathic Procedures require prior authorization by Magnolia
Orthotics & Prosthetics (O&P)	Less than 21 years old	YES	Codes identified at www.magnoliahealthplan.com under 'Pre-Auth Needed?'
Out-of-Network Physician & Facility Services		YES	No PA required for emergency room (ER) services, family planning services, outpatient basic laboratory chemistries and basic radiology. For all other services, non-participating providers must utilize the Prior Authorization Tool on the Magnolia website to determine if any authorization is required.
Pain Management Services		YES	All treatments & procedures 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
Plastic Surgeon		YES	Consultation or follow up office visits do not require prior authorization. All treatments & procedures in office or outpatient setting require prior auth. Services for cosmetic purposes only are not a covered benefit.
Prescribed Pediatric Extended Care (PPEC)		YES	
Prescription Drugs	6 prescriptions/month for age > 21 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 Envolve Pharmacy Solutions at 1-800-460-8988. More than six (6) prescriptions require PA. Diabetic supplies do not count toward limit. HIV medications are excluded from the two (2) monthly brand name drugs limit; however still count towards the monthly total of six (6) per month.
Qualitative & Quantitative Drug Test		YES	Up to 12 qualitative drugs tests are covered per calendar year with no PA. PA is required for all quantitative drug testing.
Sleep Study	No inpatient	YES	Outpatient or home setting only
Specialty Injection and/or Infusion Services		YES	Drugs may be obtained from provider "Buy & Bill", vendor or other specialty pharmacy. <u>Drugs given in home setting-PA/bill to Envolve Pharmacy Solutions at 1-800-460-8988. Drugs given in provider office or outpatient setting-PA/bill to Magnolia.</u>
Stereotactic Radiosurgery and Specialized Radiation Therapy		YES	
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	<u>No authorization required for therapy for members age 12 and under. Initial evaluation does not require PA for Par providers. Submit treatment plan & goals for PA of continued services. MUST BE BILLED w/G MODIFIERS (GN, GO, GP).</u>
Transplant Services		YES	All transplant services including pre- & post-transplant services. Transplant evaluation requests should be submitted to the Central Transplant Unit (CTU). Contact CTU at 1-866-447-8773, option 6.