

Authorization Reference Guide

The services listed below require prior authorization. Prestige Health Choice also offers expanded benefits. The expanded benefits that require authorization are noted at the end of this document.

Requests for prior authorization can be submitted:

- Online via the Availity website at www.availity.com.
- By fax to Prestige Health Choice Utilization Management (UM) at **1-855-236-9285**.

Home health care requests must be received via fax with all necessary clinical information, including physician's orders, using the appropriate prior authorization form and fax number.

Before submitting the prior authorization request, please see the list below for the individual services you wish to have authorized, as some services must be submitted to alternate fax numbers. Please use the appropriate authorization request form for the service type. For assistance, please contact UM at **1-855-371-8074**. Forms can be located at www.prestigehealthchoice.com/provider/resources/prior-authorization.aspx.

Expedited requests must include a physician's order, which indicates waiting for a prior authorization decision under the standard time frame could cause the member serious pain or endanger the member's life, health, or ability to regain maximum functionality. Requests received without this order will be handled under the standard time frame.

An authorization is not a guarantee of payment; payment is subject to benefit coverage rules, including member eligibility and contractual and benefit limitations.

This authorization grid applies to all contracted providers in Florida Medicaid regions 9 and 11 who provide services pursuant to the 2018 – 2023 Statewide Medicaid Managed Care contracts. Non-participating providers must seek authorization for all services provided, with the exception of emergency services.

| Service type | Comments |
|----------------------------------|---|
| Abortions — elective | |
| Admissions — inpatient | Includes surgical, medical, and inpatient medical detoxification and rehabilitation; obstetrical admissions and newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section; and admissions to nursing facilities. |
| Air ambulance | |
| Bariatric surgery/gastric bypass | |
| Chemotherapy | Please refer to the list of specific HCPCS codes requiring prior authorization. The current list is available at www.prestigehealthchoice.com .* |
| Chiropractic services | Under age 21 only. |
| Circumcision | Prior authorization is required if the member is more than 90 days old. |

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| Service type | Comments |
|---|--|
| Cochlear implants or implantation | |
| Dermatology | Only surgery or procedures that could be considered cosmetic require prior authorization. |
| Diapers and pull-up diapers | Please contact Coastal Care Services at 1-855-481-0505** regarding authorization of durable medical equipment (DME) and supplies provided in the home (i.e., place of service [POS] 12). Limited to ages 4 through 20 when medically necessary. |
| DME and supplies | Please contact Coastal Care Services at 1-855-481-0505** regarding authorization of DME and supplies provided in the home (i.e., POS 12). For authorization requests not handled by Coastal Care Services: <ul style="list-style-type: none"> • Prior authorization is required for all rentals and custom equipment, including items related to or part of the rental or custom equipment. • Prior authorization is required for all purchased items with billed charges of \$750 or greater per line item, including non-custom orthotics. |
| Elective transfers for inpatient and/or outpatient services between acute care facilities | |
| Enteral feedings | Including related DME. |
| Gastric bypass/vertical band gastroplasty | |
| Home health services | Contact Coastal Care Services at 1-855-481-0505** for authorization requests. Therapy services rendered in the home (place of service [POS] 12) as part of an outpatient plan of care require prior authorization. This includes evaluations and visits. Please contact Prestige Utilization Management at 1-855-371-8074 for authorization requests. |
| Hyperbaric oxygen therapy | |
| Hysterectomy | |
| Implants | Prior authorization needed only when billed charges are \$750 or greater per line item. |
| Infusion or injectable medications in the home | Please refer to the list of specific HCPCS codes requiring prior authorization. The current list is available at www.prestigehealthchoice.com.* Contact Coastal Care Services at 1-855-481-0505** for authorization requests. |
| Insulin pumps | Considered under DME benefit. |
| Medications | Please refer to the list of specific HCPCS codes requiring prior authorization. The current list is available at www.prestigehealthchoice.com.* For pharmacy medication authorization requirements, refer to the Agency for Health Care Administration's drug criteria. |
| Non-participating/out-of-network services (all services) | |
| Oral or maxillofacial surgery | For services performed in a dental office, please contact the member's assigned dental plan. For medical services, please contact Prestige Health Choice. |
| Orthotics and prosthetics, custom | All custom orthotics and prosthetics require prior authorization. |

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|---|---|
| Pain management | External infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and nerve blocks. |
| Personal care services | When medically necessary for members under age 21. This is not a covered benefit for members age 21 and over. |
| Private duty nursing | When medically necessary for members under age 21. This is not a covered benefit for members age 21 and over. |
| Radiology — advanced (computed tomography [CT], magnetic resonance imaging [MRI], magnetic resonance angiography [MRA], positron emission tomography [PET] scan, nuclear cardiac imaging) | |
| Surgical services that may be considered cosmetic | Includes, but is not limited to, blepharoplasty, mastectomy for gynecomastia, mastopexy, maxillofacial surgery, panniculectomy, penile prosthesis, reduction mammoplasty, and septoplasty. |
| Therapy — physical therapy (PT), occupational therapy (OT), speech therapy (ST) | Under 21, prior authorization required for visits only, not for evaluations. Over 21, refer to expanded benefits section below. *All outpatient therapy services in the home (place of service [POS] 12) require prior authorization. This includes evaluations and visits. |
| Transplants | |
| Unlisted, miscellaneous, and manually priced codes (including, but not limited to, codes ending in “99”) | |

Notes

*There is a separate form for requests for medications with HCPCS codes which require authorization. The HCPCS codes form can be submitted by fax to PerformRxSM at **1-855-829-2871**. The list of HCPCS codes will be updated as needed. The most current list of codes is available at www.prestigehealthchoice.com/provider/resources/prior-authorization.aspx.

**Coastal Care Services manages all of Prestige Health Choice’s DME, home health, and home infusion services provided in the home with the exception of those listed below. When rendered in POS 12 (home), these specific excluded services should be authorized by and billed to Prestige Health Choice:

- Communication boards.
- **All** contraceptive medications and supplies.
- Cranial helmets.
- **All** end-stage renal disease (ESRD) services rendered in the home.
- Implantable device supplies (e.g., supplies related to cochlear implants, permanent birth control, or urogynecologic surgical mesh implants).
- Inhalation solution (solution should be obtained through member’s pharmacy benefit).
- OB/GYN home health services (services provided by Optum OB Home Care Services).
 - Please contact Optum OB Home Care Services directly by phone at **1-800-950-3963** or via fax at **1-866-252-4293** or **1-866-731-8011** prior to providing these services.
- Orthotics or prosthetics.
- Vision, hearing, and speech pathology services (HCPCS codes in the “V” series).

All DME, home health, and home infusion services not rendered in POS 12 (home) should be billed to Prestige Health Choice.

For more information on prior authorization requirements, please contact Provider Services at **1-800-617-5727**, or visit our provider prior authorization page at www.prestigehealthchoice.com/provider/resources/prior-authorization.aspx.

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Expanded benefits requiring authorization

| Service type | Comments |
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| Medically related home care services — homemaker | One carpet cleaning per calendar year for adults with asthma; annual maximum cost of \$100 per calendar year; must be from approved vendor list. Will require Care Management referral. |
| Home-delivered meals — general | For 30 days; limited to high-risk pregnant members who meet plan guidelines for medical necessity; will require Care Management referral. |
| Home-delivered meals — after discharge from hospital or nursing facility | Up to two meals per day for up to seven days for enrollees who have been recently discharged from the hospital with specific medical conditions. Will require Care Management referral. Extension of services may be granted with Medical Director approval. |
| Home health nursing/aide services | Up to 48 visits per pregnancy for home health aide; limited to high-risk pregnant members who meet plan guidelines for medical necessity; requires a physician order. |
| Home visit by a clinical social worker | Limited to 24 visits per calendar year for high risk pregnant members; requires physician order. Will require Case Management referral for a participating provider. Please contact Coastal Care Services at 1-855-481-0505** for authorization requests. |
| Housing assistance | Provide assistance with locating community resources that support housing options and alternatives for all members; provide up to \$500 per lifetime maximum for transitional housing alternatives; financial assistance is limited to high-risk pregnant members who are homeless. Will require Care Management referral. |
| Massage therapy | Maximum of 12 visits per calendar year for medical massage provided by a participating physical therapy or chiropractic provider. Prior authorization required for physical therapist. No prior authorization required when provided by a chiropractor. |
| Meals — non-emergency transportation day trips | Please contact MTM at 1-855-371-3968 . Limited to \$50 per day with annual maximum of \$250. |
| Outpatient hospital services | All medically necessary outpatient hospital services are excluded from the \$1,500 outpatient maximum reimbursement cap. |
| Swimming lessons (drowning prevention) | There will be an open enrollment for up to 1,000 children each April. Up to \$200 per child will be paid to a plan-approved agency and/or certified instructor. Requires Care Management referral for payment to approved agency provider. |
| Therapy — art | Up to seven sessions per calendar year on outpatient basis. |
| Therapy — equine | Up to three sessions per calendar year. Member must be in care management or disease management program with a diagnosis of substance use disorder or a chronic condition; outpatient setting. |
| Therapy — pet | Up to three sessions per calendar year. Member must be in care management or disease management program with a diagnosis of a chronic condition; services provided in an inpatient setting while member is in an acute care hospital for treatment. |

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| Service type | Comments |
|--|---|
| Prenatal/perinatal care | Hospital-grade breast pump: maximum of one per calendar year. Please contact Coastal Care Services at 1-855-481-0505* regarding authorization of DME and supplies provided in the home (i.e., POS 12). |
| Therapy — physical, speech, or occupational (over age 21) | Prior authorization for visits only, not for evaluations. Limited to one evaluation per calendar year and up to seven therapy treatment units per week. *All outpatient therapy services in the home (place of service [POS] 12) require prior authorization. This includes evaluations and visits. |
| Adult vision services | Please contact Premier Eye Care of Florida at 1-800-738-1889 . |
| Adult hearing services | Please contact HearUSA at 1-800-731-3277 . |
| DME and supplies | For members age 21 and over: Please contact Coastal Care Services at 1-855-481-0505* regarding authorization of DME and supplies provided in the home (i.e., POS 12). For authorization requests not handled by Coastal Care Services: <ul style="list-style-type: none"> • Prior authorization is required for all rentals and custom equipment, including items related to or part of the rental or custom equipment. • Prior authorization is required for all purchased items with billed charges of \$750 or greater per line item, including non-custom orthotics. |
| Behavioral health assessment services and intensive outpatient treatment | Please contact Optum at 1-855-371-3967 . |

Prestige Health Choice works with subcontractors to help manage services for our members. For prior authorization requirements for these services, please see below:

- For behavioral health services, please contact Optum at **www.optum.com**.
- For vision services, please contact Premier Eye Care of Florida at **www.premiereyecare.net**.
- For hearing services, please contact HearUSA at **www.hearusa.com**.
- For transportation services, please contact please contact MTM at **www.mtm-inc.net**.
- For home health services, please contact Coastal Care Services at **www.ccsi.care**.
- For pharmacy services, please contact PerformRx at **www.performrx.com**.