

2025 Prior Authorization Information

Services requiring prior authorization (Note: Prior authorization requirements are applicable to secondary claims.)

Services

- Air ambulance.
- All out-of-network services (with exceptions noted under “Does Not Require Authorization”).
- All unlisted miscellaneous and manually priced codes (including but not limited to codes ending in “99”).
- Autism spectrum disorder (ASD) services.
- BabyNet services.
- Behavioral health (psychological and neuropsychological testing, electroconvulsive therapy, environmental intervention, interpretation or explanation of results, unlisted psychiatric services).
- Behavioral health individual outpatient therapy sessions (CPT codes 90832, 90834, and 90837 combined), after 24 visits, per state fiscal year. Limitation: 6 visits per month.
- Chiropractic care authorization required under 18 years of age (six visits per fiscal year, July 1 through June 30).
- Cochlear implantation.
- Contact lenses (including dispensing fees).
- Continuous glucose monitor.
- DAODAS services (bundled services and some discrete services).
- Gastric bypass/vertical band gastroplasty.
- Hyperbaric oxygen
- Hysterectomy (Hysterectomy Consent and Surgical Justification form required) — elective abortions.
- Implants (over \$750).
- Rehabilitative behavioral health services (RBHS) — see “Behavioral Health Services under First Choice” in the Select Health Provider Manual for specifics.
- Transplants.

Therapy (speech, occupational, and physical)

No authorization is required for members age 20 and under for the first 72 visits, nor is it required for members age 21 and over for the first 27 visits per year. Prior authorization is required following the 72nd visit for members age 20 and under, and it is required following the 27th visit for members age 21 and over.

Plastic surgery

Surgical services that may be considered cosmetic, including but not limited to:

- Blepharoplasty.
- Mastectomy for gynecomastia.
- Mastopexy.
- Maxillofacial (all codes applicable).
- Panniculectomy.
- Penile prosthesis.
- Plastic surgery/cosmetic dermatology.
- Reduction mammoplasty.
- Septoplasty.

Inpatient

- All inpatient hospital admissions, including medical, surgical, and rehabilitation.
- Acute inpatient psychiatric facility services.
- Behavioral health.
- Psychiatric residential treatment facility (PRTF) services.
- Obstetrical admissions, newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section.
- Medical detoxification.
- Elective transfers for inpatient and/or outpatient services between acute care facilities.
- Long-term care initial placement (if still enrolled with the plan).

Home-based services

- Home health care: Speech, physical, and occupational therapy; home health aides; and skilled nursing visits (after 18 combined visits, regardless of modality). Consult the Prior Authorization Lookup tool to determine authorization requirements. Available at: www.selecthealthofsc.com/provider/resources/prior-authorization-lookup
- Home infusion services and injections. Consult the Prior Authorization Lookup tool to determine authorization requirements.
- Private duty nursing (extended nursing services), covered when medically necessary for under age 21.

Pharmacy and medications

Consult the Prior Authorization Lookup tool to determine authorization requirements. Available at:

www.selecthealthofsc.com/provider/resources/prior-authorization-lookup

- Medications not listed on the South Carolina Medicaid Professional Services Fee Schedule are not covered by First Choice.
- For questions contact PerformRxSM: **1-866-610-2773**

Advanced outpatient imaging services

- Nuclear cardiology.
- Computed tomography angiography (CTA).
- Coronary computed tomography angiography (CCTA).
- Computed tomography (CT).
- Magnetic resonance angiography (MRA).
- Magnetic resonance imaging (MRI).
- Myocardial perfusion imaging (MPI).
- Positron emission tomography (PET).

Contact Evolent Specialty Services, Inc. (Evolent): www.1radmd.com or call **1-800-424-4895**.

Durable medical equipment (DME)

Consult the Prior Authorization Lookup tool to determine authorization requirements. Available at:

www.selecthealthofsc.com/provider/resources/prior-authorization-lookup

Services requiring notification

- All newborn deliveries.
- Maternity obstetrical services (after first visit) and outpatient care (includes 48-hour observation).
- Behavioral health — crisis intervention: notification required (within 2 business days) post-service. Medical necessity review required after 80 units per state fiscal year (July 1 – June 30).
- Continuation of covered services for a new member transitioning to the plan the first 90 calendar days of enrollment.

Services that do not require prior authorization

- Acupuncture.
- Bronchoscopy — rigid or flexible with fluoroscopic guidance (one and two or more lobes).
- Circumcisions.
- Emergency room services (in-network and out-of-network).
- 48-hour observations (except for maternity — notification required).
- Low-level plain films — X-rays, electrocardiograms (EKGs).
- Family planning services.
- Post-stabilization services (in-network and out-of-network).
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
- Women's health care by in-network providers (OB-GYN services).
- Routine vision services.
- Outpatient Psychotherapy codes 90832, 90834, and 90837 (combined) first 24 visits.
- Behavioral health medication management.
- Opioid treatment program services.
- Enteral nutritional supplements.

Contacts

Medical Services

Phone: **1-888-559-1010**
Fax: **1-866-368-4562**

Evolent Specialty Services, Inc. (Evolent)

Website: www1.radmd.com
Phone: **1-800-424-4895**

PerformRxSM

Phone: **1-866-610-2773**
Fax: **1-866-610-2775**

Behavioral Health

Phone: **1-866-341-8765**
Fax: **1-888-796-5521**

Claims

Phone: **1-800-575-0418** or **1-800-741-6605**

Claims Address

Claims Processing Dept.
P.O. Box 7120
London, KY 40742

Select Health

P.O. Box 40849
Charleston, SC 29423
www.selecthealthofsc.com

NaviNet website

Visit **NaviNet** to verify member eligibility and claim status.

<https://navinet.navimedix.com>

NOTE: Prior authorization requirements are applicable to secondary claims.

Disclaimer: Telephone or written approval is not a guarantee of reimbursement. All services are subject to retrospective review to validate the request. **This list is not all-inclusive.**

