

2024 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.
- 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).
- 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)

Consult the Prior Authorization Lookup tool to determine authorization requirements. Available at: www.selecthealthofsc.com/provider/resources/prior-authorization-lookup

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 National Imaging Associates (NIA): 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**

National Imaging Associates (NIA)

Website: **www.1radmd.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.**

