

2020 Prior Authorization Information

► Indicates change effective December 1, 2020

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, 90837). Visits over 6 sessions per month for members aged 20 and under.
- BRCA 1 and 2 full sequence and duplication/deletion gene analysis
- 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)

- Speech, occupational and physical therapy require prior authorization after initial assessment or re-assessment. This applies to private and outpatient facility based services

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

Durable medical equipment (DME)

- Items with billed charges equal to or greater than \$750. Includes wheelchair accessories, custom cranial, cervical, ankle, foot, knee, hip, elbow, wrist, hand, finger & thoracic-lumbar-sacral orthotics (TLSO).
- Continuous glucose monitors — sensors, transmitters, and receivers
- DME leases or rentals and custom equipment
- Diapers/pull-ups (ages 4 – 20) who qualify for quantities over 200/month (for one or both) or brand-specific diapers
- Enteral nutritional supplements
- Prosthetics
- All unlisted or miscellaneous items, regardless of cost

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 (physical, occupational, and speech therapy) home health aides and skilled nursing visits (after 18 combined visits, regardless of modality)
- Home infusion services and injections (See list of medications on the Select Health website.)
- Private duty nursing (extended nursing services), covered when medically necessary for under age 21

Pharmacy and medications

List of HCPCS codes that require prior authorization is available at

www.selecthealthofsc.com

- 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**

Pain management

- External infusion pumps, spinal cord neurostimulators, implantable infusion pumps, and radiofrequency ablation

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.RadMD.com** or call **1-800-424-4895**.

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

Does not require 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
- Post-operative pain management (must have a surgical procedure on the same date of service)
- ▶ Pain management — nerve blocks, epidural steroid injections, and chemodenervation
- Behavioral health and substance use disorder outpatient therapy
 - Members ages 20 and under require prior authorization for more than 6 sessions/month of all combined individual therapy sessions (codes 90832, 90834, 90837)
 - Members ages 21 and older — benefit limitation of 72 sessions/fiscal year for all combined individual therapy sessions (codes 90832, 90834, 90837)
- Behavioral health medication management
- Opioid treatment program services

Contacts

Medical Services

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

National Imaging Associates (NIA)

Website: **www.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.**

