



Magellan Complete Care’s -Prior authorization list

Please send request to our Utilization Management department at:

- * Web request: MCCofFL.com
- * Fax: 888-656-4083 - Outpatient requests
- * Fax: 888-656-4894 - Inpatient admissions

Magellan Complete Care must approve the services listed below in advance. Prior approval is required for all services by a provider who is not in the Magellan Complete Care network. The only exception is for emergency care.

Emergency services do not require prior authorization. Emergency inpatient admission notification with clinical information is required within 24 hours following admission for MNC review.

Services requiring prior authorization

PCPs, specialists, or facilities must request an authorization for the following services. This list of services below is not all inclusive. For questions, please contact Magellan Complete Care’s customer service department at 800-327-8613.

Inpatient Services

Planned inpatient medical/behavioral and surgical admissions

Services and procedures	Comments	Coverage and limitations	Procedure codes - click link for provider reimbursement schedules and billing codes
Elective inpatient admission i.e. surgical procedures	MNC review required for continued length of stay.	<ul style="list-style-type: none"> • Up to 365/6 days per year for recipients under the age of 21 years or pregnant women • Up to 45 days per fiscal year for recipients age 21 years or older <p>Florida Medicaid reimburses for inpatient hospital days beyond the 45 day limit for emergency services, as defined in Rule 59G-1.010, F.A.C.</p>	

Inpatient hospital - transplant	MNC review required for continued length of stay.	In accordance with Transplant Services Coverage Policy, 4.2. Florida Medicaid reimburses for the following services performed in an AHCA-designated transplant center in accordance with the American Medical Association Current Procedural Terminology and the applicable Florida Medicaid fee schedule(s): <ul style="list-style-type: none"> Bone marrow (cord blood and stem cell transplants as synonymous with bone marrow transplants), cornea, Heart, heart/lung, intestine/multi-visceral, kidney, kidney/pancreas, liver, lung, pancreas 	
Nursing facility services	MNC review required for continued length of stay.	NF days will not be counted as inpatient hospital days.	Revenue codes 0101, 0185, 0182
Maternity/ Newborn delivery		Authorization required only if stay exceeds hospital length of stay of: <ul style="list-style-type: none"> 48 hours for normal vaginal delivery and 96 hours for cesarean section 	
Statewide inpatient psychiatric program (SIPP) for enrollees under the age of 21	MNC review required for continued length of stay. <ul style="list-style-type: none"> Enrollees under 10 years of age: Reviews shall be conducted at least every 21 days. Enrollees age 10 years and over: Reviews shall be conducted at least every 30 days. 		Revenue Code: 010X, 0100, 0101

Outpatient/Ambulatory/Office procedures

Specialists are required to provide the NPI of the member's PCP in field 17b on the claim form.

New or established office visits do not require an authorization.

Services and procedures	Comments	Coverage and limitations	Procedure codes - click link for provider reimbursement schedules and billing codes
Adult pneumonia and shingles vaccine		See expanded benefits for limitations	See expanded benefits
Anesthesia services			
Cardiovascular services	Routine cardiology tests do not require PA in office or diagnostic centers.		https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml
Dialysis services	PA needed for services rendered in an OP hospital setting only.		
Nutritional counseling		See expanded benefits for limitations	See expanded benefits.
Neurology services	Some services require a prior authorization.		http://ahca.myflorida.com/medicaid/review/specific_policy.shtml
Oncology			http://ahca.myflorida.com/medicaid/review/specific_policy.shtml
Pain management			http://ahca.myflorida.com/medicaid/review/specific_policy.shtml
Podiatry	Some services require a prior authorization	Up to 24 evaluation and management visits per recipient, per calendar year: <ul style="list-style-type: none"> • Foot and nail care • Radiologic procedures specific to the foot, ankle, and lower extremity 	

		<ul style="list-style-type: none"> Surgical procedures for disorders of the foot, ankle, and lower extremity 	
Respiratory services	Some services require a prior authorization		
Procedures: i.e. elective surgeries, surgery procedures requiring general anesthesia, procedures in OP hospital setting.	See practitioner fee schedule for specific services that require PA		https://ahca.myflorida.com/medicaid/review/Reimbursement/2019-01-01_Fee_Sched_Billing_Codes/Practitioner_Fee_Schedule_2019.pdf
Portable non-advanced radiology and procedures (x-ray imaging, swallowing studies, EKGs, non-OB ultrasounds)			
Implantable devices, including cochlear implants, reprogramming of cochlear Implants and related services			
Injectable drugs and drugs given by a doctor in an office setting, and IV infusion drugs			<p>For medical pharmacy visit : https://ahca.myflorida.com/medicaid/review/Reimbursement/2019-01-01_Fee_Sched_Billing_Codes/PrescribedDrugsOncologyPAFeeSchedule2019.pdf</p> <p>For list of Drug Managed By MRX Pharmacy, visit:</p>

			http://magnet/OurBusiness/CMC/ICORE/Documents/Drug%20Lists%20-%20MCCFL.aspx
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Other – Medical/Ancillary

Services and procedures	Comments	Coverage and limitations	Procedure codes -click link for provider reimbursement schedules and billing codes
Ambulatory surgery center services			https://ahca.myflorida.com/medicaid/review/Reimbursement/2019-01-01_Fee_Sched_Billing_Codes/Ambulatory_Surgical_Center_Fee_Schedule_2019.pdf
Outpatient hospital services		See expanded benefits for limitations	https://ahca.myflorida.com/medicaid/review/Reimbursement/2019-01-01_Fee_Sched_Billing_Codes/Hospital_Outpatient_Services_Billing_Codes_2019.pdf

<p>DME and medical supplies (including nutritional/enteral feedings and orthotics and prosthetics)</p>	<p>Items under \$500 will not need PA if:</p> <ul style="list-style-type: none"> • Provider is in network • Item is not a rental <p>PA required:</p> <ul style="list-style-type: none"> • Items over \$500 • Item is a rental • Fee schedule indicates PA required or medical necessity review required <ul style="list-style-type: none"> • Send request to Coastal Care except for: Diabetic supplies, wound vac, neuromuscular stimulators, speech generating devices, implantable devices, specialty beds, insulin pump and supplies, high frequency chest wall oscillation systems, life vest defibrillator, orthotics and prosthetic 	<p>Subject to coverage, exclusion, and limitations, in accordance with ACHA policies and reimbursement schedules</p>	<p>https://ahca.myflorida.com/medicaid/review/Reimbursement/2019-01-01_Fee_Sched_Billing_Codes/DME_Fee_Schedule_All_Medicaid_Recipients_2019.pdf</p>
	<p>Contact Coastal Care services for authorization PH: 855-481-0505 Fax: 855-481-0606</p>		-

Hearing services and aids	Contact: Hear USA Providers: 800-528-3277 Member: 800-442-8231	For recipients who have moderate hearing loss or greater, including the following services: <ul style="list-style-type: none"> • One new, complete, (not refurbished) hearing aid device per ear, every three years, per recipient • Up to three pairs of ear molds per year, per recipient • One fitting and dispensing service per ear, every three years, per recipient • See expanded benefits 	92700, L7510, L8614-L8619, L8623 - L8629, L8691, L8692, V5299
Laboratory management (certain molecular and genetic tests)	Some services require a prior authorization		
Home health care services	Send request directly to Coastal Care Services PH: 855-481-0505 Fax: 1-855-481-0606	See expanded benefits for additional coverage and limitations	T1030, T1030 TT, T1031, T1031 TT, T1021, T1021 TD, T1021 TT
Private duty nursing services	Nursing services provided in the home to children ages 0 to 20, only		S9123-19124
Home infusion	Send request directly to Coastal Care: Coastal will forward request to Briova Rx for the medication		

<p>Non-emergency transportation: air and ground</p>	<p>Advance scheduling required: 3 business days prior to trip. <u>Prior authorization required for trips:</u></p> <ul style="list-style-type: none"> • Greater than 50 miles • 3 or more times a week to same address • 10 or more trips in a month • ALS, BLS, BW • Out of area 		
<p>Specialty medications and infusion for home or at a skilled nursing facility. (Send request to Costal Care for home infusion.</p>	<p>Visit the MRx website for covered drugs list reviewed by our specialty pharmacy</p>		

<p>Advanced radiology and procedures: Diagnostic imaging (MR, CT/CCTA, PET, nuclear cardiology/MPI, stress echo, echocardiography) Cardiac intervention – (catheterization and implantable devices) Interventional pain management-spine (spinal epidural injections, paravertebral facet joint injections or blocks, paravertebral facet joint denervation radiofrequency neurolysis) Radiation oncology management All radiation therapy Spine surgery (both inpatient and outpatient)– lumbar micro discectomy, lumbar decompression, lumbar spine fusion (arthrodesis) sleep studies</p>	<p>There are two ways to obtain authorizations:</p> <ul style="list-style-type: none"> • Through Magellan Healthcare’s website at www.RadMD.com or • By calling 1-866-500-7656 		
<p>Therapies: A) Physical B) Occupational C) Respiratory</p>		<p>See expanded benefits for limitations</p>	<p>See expanded benefits</p>

D) Speech F) Massage therapy			
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Behavioral Health Services

Services and procedures	Comments	Coverage and limitations	Procedure codes - click link for provider reimbursement schedules and billing codes
Behavioral health day services-day treatment, per hour, MH		<ul style="list-style-type: none"> • See expanded benefits • Services in excess of the limits will be reviewed for medical necessity 	H2012
Intensive case management – age 18+ yrs.		Services in excess of the limits will be reviewed for medical necessity	T1017 HK
Targeted case management – adults		<ul style="list-style-type: none"> • See expanded benefits for limitations • Services in excess of the limits will be reviewed for medical necessity 	T1017
Targeted case management – children age 0-17 yrs.		Services in excess of the limits will be reviewed for medical necessity	T1017 HA
Child health services targeted case management		Services in excess of the limits will be reviewed for medical necessity	T1017 TL/SE
Psychosocial rehabilitative services (PSR)		<ul style="list-style-type: none"> • See expanded benefits • Services in excess of the limits will be reviewed for medical necessity 	H2017

Mental health clubhouse services – adult		<ul style="list-style-type: none"> 1,920 units (480 hours; 20 days)- these units count against psychosocial Rehabilitative service units - services in excess of the limits will be reviewed for medical necessity 	H2030
Therapeutic behavioral onsite services (TBOS) therapy		<ul style="list-style-type: none"> See expanded benefits Services in excess of the limits will be reviewed for medical necessity 	H2019 HO/HN/HM
Specialized therapeutic group care/ therapeutic group care services		Under the age of 21 years	H0019
Neuropsychological testing		Services in excess of the limits will be reviewed for medical necessity	
Outpatient ECT	ECT is authorized for 6 sessions/treatments at a time	Services in excess of the limits will be reviewed for medical necessity	90870
Behavioral health overlay services (BHOS) in child welfare settings		Under the age of 21 years	H2020 HA
Specialized therapeutic foster care, level i		Under the age of 21 years	S5145
Specialized therapeutic foster care, level ii		Under the age of 21 years	S5145 HE
Specialized therapeutic foster care, crisis intervention		Under the age of 21 years. Services in excess of the limits will be reviewed for medical necessity	S5145 HK

Expanded Benefits

Services and procedures	Comments	Coverage and limitations	Procedure codes - click link for provider reimbursement schedules and billing codes
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Home delivered meals – post-facility discharge (hospital or nursing facility)		<ul style="list-style-type: none"> • Three home delivered meals per day for enrollee and up to three family members; limited to two days post discharge; • Enrollee is required to give the managed care plan 48 hours prior notice. Must exclude LTC enrollees 	S5170/ S9970
Hearing services		<ul style="list-style-type: none"> • 1 assessment for hearing aid every 2 years; • 1 hearing aid fitting/checking every 2 years; • 1 hearing aid monaural in ear every 2 years; • 1 behind ear hearing aid every 2 years; • 1 hearing and dispensing fee every 2 years; • 1 in ear binaural hearing aid every 2 years; • 1 dispensing fee binaural every 2 years; • 1 behind ear cros hearing aid every 2 years; • 1 behind ear bicros hearing aid every 2 years; • 1 dispensing fee bicros every 2 years; • 1 hearing evaluation every 2 years 	
Nutritional counseling		Unlimited with prior authorization and meeting medical necessity review	S9452, 97802, 97803, 97804, G0270, G0271
Outpatient hospital services		Unlimited with prior authorization and meeting medical necessity review	
Vaccine - shingles		One (1) per year with prior authorization	90736, 90750
Vaccine - pneumonia		Unlimited with prior authorization	90670, 90732, G0009
Prenatal services		<ul style="list-style-type: none"> • Rental of a hospital grade breast pump, 1 per year with prior authorization; • Rental of a breast pump, 1 per 2 years 	
Intensive outpatient treatment, SA		Unlimited with prior authorization and meeting medical necessity review	Outpatient: H0015 Facility: Rev Code 906
Intensive outpatient treatment, psychiatric		Unlimited with prior authorization and meeting medical necessity review	S9480 Rev Code: 0905

Behavioral health day treatment		Unlimited with prior authorization and meeting medical necessity review	H2012
Medication assisted treatment services		Unlimited with prior authorization after meeting AHCA limitations	H0020
Psychosocial rehabilitation		Unlimited with prior authorization and meeting medical necessity review	H2017
Therapy (individual/family)		PA required after 104 units/year have been exhausted	H2019 HR
Targeted case management		Unlimited with prior authorization and meeting medical necessity review	T1017
Chiropractic services		Unlimited with prior authorization after meeting AHCA limitations.	98940,98941, 98942, 98943
Massage therapy		<ul style="list-style-type: none"> • Unlimited with prior authorization • Limited to those enrollees diagnosed with AIDS and who have had a history of AIDS related opportunistic infection 	97124, 97140, 97010, 97112
Occupational therapy		<ul style="list-style-type: none"> • One occupational therapy evaluation per year • One occupational therapy reevaluation • Up to 7 occupational therapy treatment units per week 	97165, 97166, 97167, 97168, 97530, 97530 HM, 92597 GO, 29799 HA, 97542 GO
Physical therapy		<ul style="list-style-type: none"> • One physical therapy evaluation per year • One physical therapy reevaluation per year • Up to 7 physical therapy treatment units per week 	97161, 97162, 97163, 97164, 97110, 97110 HM, 97542 GP, 92597 GP, 29799 HA
Respiratory therapy		<ul style="list-style-type: none"> • One respiratory therapy evaluation/re-evaluation per year • Up to 1 respiratory therapy visit per day 	S5180 HA, G0238
Speech therapy		<ul style="list-style-type: none"> • One evaluation /re-evaluation per year; • 1 evaluation of oral & pharyngeal swallowing function per year 	92521, 92522, 92523, 92524, 92610, 92507, 92508 HA, 92507 HM, 92597, 92597 GN, 92609

		<ul style="list-style-type: none"> Up to 7 speech therapy treatment units per week. 1 AAC initial evaluation and 1 AAC re-evaluation per year Up to 4 30-minute AAC fitting, adjustment, and training sessions/year 	
Expanded home health visits for non-pregnant adults		<ul style="list-style-type: none"> Unlimited: medical Necessity review 	99347-99350
Expanded vision services		<ul style="list-style-type: none"> One (1) pair of glasses every twelve (12) months without prior authorization Additional pairs of glasses subject to medical necessity and authorization 	

In Lieu of Services

Services and procedures	Comments	Coverage and limitations	Procedure codes - click link for provider reimbursement schedules and billing codes
Crisis stabilization units (CSU) and freestanding psychiatric specialty hospitals may be used in lieu of inpatient psychiatric hospital care.		<ul style="list-style-type: none"> Up to 365/6 days per year for recipients under the age of 21 years Up to 45 days per fiscal year for recipients age 21 years or older Will require medical necessity review	S9485
Ambulatory detoxification services		Unlimited with prior authorization and meeting medical necessity review	S9475
Detoxification or addictions receiving facilities licensed under s. 397, F.S.		<ul style="list-style-type: none"> Up to 365 days per year for recipients under the age of 21 years Up to 45 days per fiscal year for recipients age 21 years or older Florida Medicaid reimburses for inpatient hospital days beyond the 45-day limit for	Cpt code: H0009 - Rev codes: 0116 Detoxification R&B 0126 Private 0136 Semi-Private 0146 Deluxe 0156 Ward 0204 Intensive Care

		emergency services, as defined in Rule 59G-1.010, F.A.C.	
Partial hospitalization services		<ul style="list-style-type: none"> For up to 90 days annually for adults ages 21 and older; There is no annual limit for children under the age of 21 	912

Contracted and/or Delegated Services:

Call Magellan Complete Care’s Customer Service department at 800-327-8613

Coastal Care Services – DME, Home Health, Infusion Pharmacy for Home Health Services ‘only’
855-481-0505

Hear USA - Hearing Services
Providers: 800-528-3277
Member: 800-442-8231

Magellan Pharmacy Prior Authorization
PH: 800-327-8613 FAX: 888-656-6671

DaVita Dialysis Centers
800-424-6589

Veyo –Transportation Reservations:
800-424-8268

Provider network solutions

Web portal:
www.providernetworksolutions.com

Podiatry network:
866-404-2348

Dermatology network:
866-389-9927

Orthopedic network:
866-389-9932

Quest Laboratories
866-697-8378, Option #2

Fresenius (Dialysis) Medical Care, Ultracare Dialysis, Advanced Care Dialysis Centers:
866-889-6019

LabCorp Diagnostics
888-522-2677

Premier Eye Care
800-738-1889, Option #1

Walgreens Infusion
Medication infusion services at a skilled nursing facility (SNF)
St. Petersburg: 800-396-2933

Notes:

Any service may come under more detailed review for the following triggers:

- Under and over-utilization
- Adverse incident and quality of care review
- Chart audit failure
- Treatment inconsistent with clinical practice guidelines

- Fraud, waste, and abuse monitoring
- Retrospective medical necessity review

Visit Florida Medicaid's website for service policies and procedure codes:

Provider policy Link: http://ahca.myflorida.com/medicaid/review/specific_policy.shtml

Provider reimbursement schedules and billing codes: https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml

Magellan Complete Care

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