



**Services Requiring Prior Authorization  
March 1, 2011**

**The following is a list of services requiring prior authorization review for medical necessity and place of service.**

1. All elective (scheduled) inpatient hospital admissions, medical and surgical including rehabilitation
2. All elective transplant evaluations and procedures
3. Air Ambulance Transportation
4. All elective transfers for inpatient and/or outpatient services between acute care facilities
5. Skilled Nursing facility admission for alternate levels of care in a facility, either free-standing or part of a hospital, that accepts patients in need of skilled level rehabilitation and/or medical care that is of lesser intensity than that received in a hospital, not to include long term care placements
6. Gastroenterology services (codes 91110 and 91111 only)
7. Bariatric surgery
8. Pain management services (place of service other than a physician's office and not on the Medical Assistance fee schedule)
9. Cosmetic procedures regardless of treatment setting to include, but not limited to the following: reduction mammoplasty, gastroplasty, ligation and stripping of veins and rhinoplasty
10. Outpatient Therapy Services (physical, occupational, speech)
  - Prior authorization is not required for an evaluation and up to 24 visits per discipline within a calendar year
  - Prior authorization is required for services exceeding 24 visits per discipline within a calendar year
11. Cardiac and Pulmonary Rehabilitation
12. Chiropractic services after the initial visit
13. Home Health Services
  - Prior authorization is not required for up to 6 home visits per modality per calendar year including: skilled nursing visits by a RN or LPN; Home Health Aide visits; Physical Therapy; Occupational Therapy and Speech Therapy
  - The duration of services may not exceed a 60 day period. The member must be re-evaluated every 60 days
  - All Shiftcare/Private Duty Nursing services, including services performed at a medical daycare or Prescribed Pediatric Extended Care Center
  - Home Infusion and Injectables
  - Home Sleep Study
  - Hospice Services
14. DME
  - DME monthly rentals of items in excess of \$500 per month.
  - Purchase of all items in excess of \$500
  - The purchase of ALL wheelchairs (motorized and manual) and all wheelchair items (components) regardless of cost per item

Enterals:

- Prior authorization is required for members over the age of 21



- Prior authorization is required when the request is in excess of \$200/month for members under the age of 21

Diapers/Pull-ups:

- Any request in excess of 200 items a month for diapers or pull-ups or a combination of both at an AmeriHealth Mercy Health Plan Pharmacy
- All requests for brand specific diapers
- All requests for diapers supplied by a DME provider require prior authorization

15. Any service(s) performed by non-participating or non-contracted practitioners or providers, unless the service is an emergency service

16. All services that may be considered experimental and/or investigational

17. Neurological Psychological Testing

18. Genetic Laboratory Testing

19. All miscellaneous/unlisted or not otherwise specified codes

20. Any service/product not listed on the Medical Assistance Fee Schedule or services or equipment in excess of limitations set forth by the Department of Public Welfare fee schedule, benefit limits and regulation. (Regardless of cost, i.e. above or below the \$500 DME threshold)

21. Ambulance Transportation to and from Prescribed Pediatric Extended Care Center

PPECC/Medical Daycares Guidelines:

- Member under 21 years of age
- Member approved for services at a PPECC/Medical Daycare
- Member requires intermittent or continuous oxygen, ventilator support and/or critical physiologic monitoring or critical medication(s) during transport requiring ambulance level of care
- There are no existing mechanisms for caregivers to transport the member
- Request for ambulance services are prior authorized along with initial request for PPECC/Medical Daycare services, with each re-authorization of Medical Daycare services, and/or when there is a change in level of care regarding oxygen, ventilator support and/or specific medical treatment during transport
- Member Services Transportation Department will be notified with each ambulance approval to initiate and/or continue ambulance transport services

22. Radiology - The following services are prior authorized by MedSolutions and are required for outpatient services only. Contact MedSolutions Monday through Friday 8 a.m. – 9 p.m (EST) by calling 1-800-572-1981. Refer to the Provider Manual at [www.amerihealthmercyhp.com](http://www.amerihealthmercyhp.com) for detailed information.

- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA)
- Nuclear Cardiology
- Computed Axial Tomography (CT/CAT scans)

23. Select prescription medications. For information on which prescription drugs require authorization, the AmeriHealth Mercy Formulary can be found in the Provider Center at [www.amerihealthmercyhp.com](http://www.amerihealthmercyhp.com)

24. Select dental services. For information on which dental services require authorization, please refer to the Provider Manual found in the Provider Center at [www.amerihealthmercyhp.com](http://www.amerihealthmercyhp.com)