

Prior Authorization

Quick Reference Guide

Updated & Effective 11/1/11

IMPORTANT INFORMATION				
<p>Prior authorization requests should be submitted on a member's behalf with sufficient clinical documentation via fax. To ensure timeliness of prior auth requests, documentation submitted shall include, but is not limited to:</p> <ul style="list-style-type: none"> • Completed Preauthorization Form • Current medical health status • Treatment received to date • A proposed treatment plan, when applicable 				
Preauthorization request forms available online at:				
<p>Maryland Medicaid (www.maryland.gov) For Providers Fax to: 443-552-7407/443-552-7408 (Medical Requests) 844-329-0865 (SNF and Medical Injectable Requests)</p>				
Call 800-730-8543 / 410-779-9359 for telephonic inquiries for prior authorization				
OUT OF NETWORK				
<p>Before seeking Out-of-Network care members should speak with their Primary Care Physician. All services rendered Out of Network require prior authorization, including ambulatory surgical centers (ASC) and freestanding facilities, except for the following:</p> <ul style="list-style-type: none"> • Urgent/Emergent care • Maryland Medicaid Self-Referral Services (e.g. School-Based Health Centers, family planning services, renal dialysis for members) <p>See member handbook for a full listing of benefits and Self-Referral Services.</p>				
AUTHORIZATION NOT REQUIRED				
<p>Preauthorization is not required for most office, and outpatient ambulatory based services provided by an in-network provider and/or in network freestanding facility.</p>				
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Acupuncture • Cardiac Cath • Chemotherapy (exceptions listed below under Medical Injectables) • Chiropractic Services (under age 21) • Cholecystectomy (Laparoscopic) • Colonoscopy • Cystoscopy (Cystectomy, w/Urethroscopy, w/Lithotripsy) • Diabetic Education (Self-Management Training, Nutritional Counseling, Screening and Supplies) • Dialysis • DME/DMS Purchase less than \$500 • Endoscopy (EGD, ERCP) • Emergency/Urgent Care (within U.S.) • Hearing Screening • Hysteroscopy/Hysterectomy • Laboratory/Pathology • Nutrition Counseling • Observation </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Office Visits for Physician/Practitioner Services <ul style="list-style-type: none"> ○ Primary Care including Wellness and/or Preventative Visits, Immunizations/Vaccinations, ESPDT ○ Specialist Consultations/Evaluations ○ Pain Management Consultations/Evaluations ○ Podiatry* including Diabetic care services, and routine foot care for vascular disease affecting lower extremities ○ Prenatal & Postpartum • Radiation Therapy • Radiology screenings including: <ul style="list-style-type: none"> ○ Bone Density, Mammograms, AAA Ultrasound, OB Ultrasound, Low Dose Lung CT • Radiology services performed by freestanding radiology network providers including: <ul style="list-style-type: none"> ○ CT, CTA, Digital X-ray, MRI, MRA, Nuclear Stress Test, PET, Ultrasound • Sleep Studies </td> </tr> </table>			<ul style="list-style-type: none"> • Acupuncture • Cardiac Cath • Chemotherapy (exceptions listed below under Medical Injectables) • Chiropractic Services (under age 21) • Cholecystectomy (Laparoscopic) • Colonoscopy • Cystoscopy (Cystectomy, w/Urethroscopy, w/Lithotripsy) • Diabetic Education (Self-Management Training, Nutritional Counseling, Screening and Supplies) • Dialysis • DME/DMS Purchase less than \$500 • Endoscopy (EGD, ERCP) • Emergency/Urgent Care (within U.S.) • Hearing Screening • Hysteroscopy/Hysterectomy • Laboratory/Pathology • Nutrition Counseling • Observation 	<ul style="list-style-type: none"> • Office Visits for Physician/Practitioner Services <ul style="list-style-type: none"> ○ Primary Care including Wellness and/or Preventative Visits, Immunizations/Vaccinations, ESPDT ○ Specialist Consultations/Evaluations ○ Pain Management Consultations/Evaluations ○ Podiatry* including Diabetic care services, and routine foot care for vascular disease affecting lower extremities ○ Prenatal & Postpartum • Radiation Therapy • Radiology screenings including: <ul style="list-style-type: none"> ○ Bone Density, Mammograms, AAA Ultrasound, OB Ultrasound, Low Dose Lung CT • Radiology services performed by freestanding radiology network providers including: <ul style="list-style-type: none"> ○ CT, CTA, Digital X-ray, MRI, MRA, Nuclear Stress Test, PET, Ultrasound • Sleep Studies
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AUTHORIZATION REQUIRED				
<p>Verification of eligibility, and/or benefit information, or authorization is not a guarantee of payment. Authorizations are subject to eligibility requirements and benefit plan limitations and assumes that providers bill with codes billable under the current Medicaid Fee Schedule.</p>				
HOME VISITS				
Concurrent or additional home visits after the Initial Evaluation visit for:				
<ul style="list-style-type: none"> • Skilled Nursing • Physical Therapy • Occupational Therapy 	<ul style="list-style-type: none"> • Speech Therapy • Home Health Aide • Home Infusion 	<ul style="list-style-type: none"> • Hospice • Private Duty Nursing under 21 years of age • Social Work 		

Formulary Search Tool online at: www.CareFirstchpmd.com

For Providers → Pharmacy Information → Find a Drug or Pharmacy

Mental Health/Substance Use Disorder: Specialty Behavioral Health System 800-932-3918

Dental (Children/Pregnant Women): Healthy Smiles 855-934-9812

Vision: Superior Vision 800-879-6901

Non-Emergent Medical Transportation: Local Health Department

Maryland Medical Assistance Beneficiary Hotline 800-492-5231:

- Abortions
- Emergency Transportation
- HIV/AIDS services (viral load, genotypic, phenotypic, or other resistance testing)
- Medical Day Services
- Outpatient PT, OT & ST for recipients under the age of 21
- Personal Care Services
- Speech Augmentation

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