



## Services and Equipment Requiring Prior Authorization

Some services require that providers obtain prior authorization before the services are performed; these include:

1. **All Services by Non-Participating Providers**
2. **Behavioral Analysis (BA Services) \***  
T21: Concordia authorizes services  
T19: Beacon Health Options authorizes services (866-827-7737).
3. **Durable Medical Equipment \*\***  
All items including Insulin Pumps, Custom Wheelchairs, and Scooters
4. **Elective Surgical Procedures \*\***  
Including cosmetic and Plastic/Reconstructive procedures per Medicaid Physician Fee Schedule
5. **Experimental/Investigational Treatments**  
Those newly developed procedures undergoing systematic investigation to establish their role in treatment or procedures that are not yet scientifically established to provide beneficial results for the condition for which they are used.
6. **Genetic Testing (that is not on Medicaid fee schedule, or if genetic testing is with an out-of-network provider)**  
Include documentation supporting how results will impact care delivery decisions.
7. **Hearing Services \*\*/ Hearing Aids \*\* / Augmentative or Alternative Communicative Systems/Devices \*\***
8. **Home Health Care Services \***  
Including Home Health Aides, Nursing Visits. The Pharmacy Benefit Manager approves infusion services.
9. **Inpatient Admissions (In and Out of Network)**  
Including Mental Health (Concordia)
10. **Mental Health Day Treatment Programs**  
Concordia authorizes services.
11. **MRIs, MRAs, CT scans, PET scans\*\***
12. **Nursing Facility Services**
13. **Nutritional Supplements \*\* / Enteral & Parenteral Nutrition \*\***
14. **Oral Surgery \*\***
15. **Orthodontia \*\***  
Include initial assessment, films and/or photographs
16. **Orthotics and Prosthetics \*\***
17. **Out of Network / Out of State Services**
18. **Personal Care Services\***
19. **Prescribed Pediatric Extended Care (PPEC)**  
T21: CCP and Ped-I-Care authorize services.  
T19: eQHealth authorizes services (855-444-3747).
20. **Private Duty Nursing \***
21. **Requests that Exceed Medicaid Limits**
22. **Therapeutic Foster Care, Therapeutic Group Care, and Crisis Intervention**  
Concordia authorizes services.
23. **Therapy Services \*\*\***  
Physical, Occupational, Speech, and Respiratory
24. **Transplants and Related Care**  
Professional services rendered in the office for participating providers do not require prior authorization.
25. **Vision Services \*\***  
Contact Lenses & Specialty (non-standard) Glasses

\* Submit signed plan of care, notes of care currently being provided (if applicable), physician orders, documentation that the ordering physician has examined the member within 30 days preceding the initial request and biannually thereafter, and documentation of the level of care needed, # of hours/day, and # of days/week. Please indicate whether another child in the same home is receiving the same services. Failure to provide clinical information can result in a delay or denial of the request. **For personal care services**, also include all parent/guardian work/school schedules, and explanation from the parent/guardian's doctor of disability and/or limitations (if applicable)

\*\* Services and items that have a by-report (BR) or prior authorization (PA) indicator on the Florida Medicaid Fee Schedule.

\*\*\* Therapy service providers are required to adhere to requirements outlined in the Florida Medicaid Service-Specific Therapy Coverage Policies.

### Notification Only: Emergency Room Visits and Observation Stays

Emergency room visits and observation stays do not require prior authorization, just notification that the service was rendered. This information is used for coordination of care purposes only.



#### Community Care Plan

Phone TXXI: (866) 202-1132

TXIX: (866) 209-5022

Fax (844) 806-0397



#### Ped-I-Care

Phone (800) 492-9634

Fax (866) 256-2015