

## AUTHORIZATION REVIEW GUIDE

2023

REFER TO PASSPORT'S WEBSITE OR PRIOR AUTHORIZATION LOOK-UP TOOL/MATRIX FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION. ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT.

**For coverage of codes, always refer to the Kentucky Department of Medicaid Services Fee Schedules at: Fee Schedules – Cabinet for Health and Family Services (ky.gov) and the Passport Member and Provider Manual.**

**OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO PARTICIPATING NETWORK SPECIALISTS DO NOT REQUIRE PRIOR AUTHORIZATION. EMERGENCY ROOM SERVICES/URGENT CARE DO NOT REQUIRE PRIOR AUTHORIZATION.**

- **Advanced Imaging/Radiology/Specialty Tests**
- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Residential Treatment, Partial hospitalization, Day Treatment, Intensive Outpatient above 16 units, Targeted Case Management;
  - Electroconvulsive Therapy (ECT);
  - Select Outpatient Services
- **Cardiology / Oncology**
  - Authorizations for select services are administered by New Century Health (NCH) for adults over the age of 18.
- **Cosmetic, Plastic and Reconstructive Procedures:**  
No PA required with Breast Cancer Diagnoses.
- **Durable Medical Equipment\***
- **EPSDT Special Services**
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing; Specific Labs**
- **Healthcare Administered Drugs**
- **Home Healthcare Services (including home-based PT/ OT/ST)**  
Evaluation and the first 6 skilled nursing visits per member per calendar year do not require prior authorization; Authorization is required prior to the 7th visit.
- **Hyperbaric/Wound Therapy**
- **Inpatient Admissions**
  - All Acute hospital elective and emergent, Long Term Acute Care (LTAC) Facility and Rehabilitation;
  - Maternity: Authorization required on day 4 for a NVD and day 6 for a C-section;
  - Newborn (not admitted to NICU): Authorization required if infant stays > 5 day
  - NICU: Authorizations for NICU are administered by Progeny.
- **Miscellaneous & Unlisted Codes:**  
Passport Health Plan by Molina Healthcare requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers**  
With the exception of ER and Urgent Care, authorization of services or items from a non-contracted provider is required.
- **Occupational, Physical & Speech Therapy**  
Evaluation and the first 20 visits for each discipline per member per year do not require prior authorization; Authorization is required prior to the 21st visit. UM reviews by visit, not modality
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures**
- **Pain Management Procedures**
- **Private Duty Nursing (PDN)**
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies**  
No authorization is required when Sleep Study performed in the Home
- **Transplants/Gene Therapy, including Solid Organ and bone Marrow (Cornea transplant does not require authorization).**
- **Transportation Services:**  
Non-emergent air transportation requires authorization

**Refer to the PA Look Up Tool or the PA Matrix for specific codes/services requiring authorization**

\*Passport has partnered with Periscope to perform in-home assessments for select DME. If you request DME that requires a Periscope assessment, the UM Team will notify you of the referral to Periscope.

## IMPORTANT INFORMATION FOR PASSPORT HEALTH PLAN MEDICAID PROVIDERS

### Timeframe for Review Submission

- Providers are required to submit an Urgent/Emergent Inpatient Request within two (2) business days following admission to inpatient. Providers are required to submit a continued stay review by one (1) day after the last covered day.
- Providers are required to submit an authorization request for Elective/Scheduled Inpatient and Outpatient Service prior to the services being rendered.

### Information generally required to support authorization decision making includes

- Current (up to 6 months), adequate patient history related to the requested services;
- Relevant physical examination that addresses the problem;
- Relevant lab or radiology results to support the request (including previous MRI, CT, Lab or X-ray report/results);
- Relevant specialty consultation notes;
- Any other information or data specific to the request.

The Urgent/Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member’s health or could jeopardize their ability to regain maximum function. Requests outside of this definition will be handled as routine/non-urgent.

### Adverse Benefit Determinations (Denials)

- If a request for service is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials are also communicated to the provider by telephone, fax or electronic notification. Verbal, fax or electronic denials are given within one (1) business day of making the denial decision or sooner if required by the member’s condition;
- Providers and members can request a copy of the criteria used to review requests for medical services;
- Passport Health Plan has a full-time Medical Director available to discuss medical necessity decisions (Peer-to Peer Review) with the requesting physician at (800) 578-0775

### IMPORTANT PASSPORT HEALTH PLAN UTILIZATION MANAGEMENT CONTACT INFORMATION

AREA	PHONE	FAX
Medical / Behavioral Health Authorization	(800) 578-0775	(833) 454-0641
Medical Pharmacy Authorization	(800) 578-0775	(844) 802-1406
Advanced Imaging (Radiology)/Special Tests	(855) 714-2415	(877) 731-7218
Transplant	(855) 714-2415	(877) 813-1206
New Century Health (NCH) Portal: Website: <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a>	(888) 999-7713	(877) 622-6879
Progeny	(888) 832-2006	(888) 821-4630

Providers may utilize Passport’s Provider Portal, Availity - Available features include:

- Authorization submission and status
- Download Frequently used forms
- Claims submission and status
- Provider Directory
- Member Eligibility