



Medicaid and Child Welfare Prior Authorization List

Send request to the Utilization Management Department at:

- Web request: Outpatient Medicaid prior authorization form at sunshinehealth.com
- Fax: (866) 796-0526

Sunshine Health needs to approve in advance the services listed below. Prior approval is required for all services by a provider who is not in the Sunshine Health network. The only exception is for emergency care. Emergency room or urgent care visits do not require prior authorization.

PCPs, Specialists , or Facilities must request an authorization for the following services:

Inpatient Services

All acute and non-acute inpatient facility admissions, including: observations, inpatient hospice, behavioral health, skilled nursing facility, crisis stabilization and rehabilitation.

Timeframes for notification are:

- 7 days prior to a scheduled or elective admission
- Within 48 hours of an emergency admission
- By next business day for a delivery

Ancillary Services

- Air transport
- Durable Medical Equipment and Prosthetics (list of codes on Sunshine Health's website)
- Genetic Testing
- Home health and home infusion (initial nurse evaluation visit does not require a prior auth)
- Occupational, physical, speech, or respiratory therapy:
 - Members under the age of 21 by HN1, except if service in a PPEC or hospital outpatient, by Sunshine Health
 - Members over the age of 21, no authorization needed
- Quantitative Drug Testing for Drugs of Abuse

Prenatal and Delivery Notification

- Notification of Pregnancy (NOP) form within 5 days of member's first prenatal visit (fax completed NOP to (866) 681-5125)
- Note: Labor checks do not require a prior authorization if performed in a Sunshine Health participating facility

Transplants

Any covered potential transplant evaluation, pre-transplant care, transplant, and post-transplant follow-up services

Outpatient Services

- Hospice care
- Observation stays
- Pain management programs or services
- Radiology (by NIA):
 - CT, MRI, MRA, and PET scans
 - Fetal MRI
 - Intensity Modulated Radiation Therapy
 - Proton and Neutron Beam Therapy
 - Stereotactic Radiology
- Sleep studies performed in a home environment

Outpatient/Ambulatory/Office Procedures

Procedures done in an outpatient hospital setting, ambulatory surgical center or an office, including:

- Bariatric surgery
- Dental or oral surgery procedures requiring general anesthesia
- Implantable devices, including cochlear implants, reprogramming of cochlear implants and related services
- Potentially cosmetic or plastic surgery, including but not limited to:
 - Blepharoplasty
 - Breast reconstruction or reduction
 - Varicose vein procedures
 - Septoplasty/rhinoplasty
 - Otoplasty
- Therapeutic Abortions

Other Services

- Adult pneumonia and shingles vaccine for ages 21 to 65
- Any potentially cosmetic, experimental or investigational treatments or services, or clinical trials
- Behavioral health or substance abuse services (by Cenpatico Behavioral Health)
- Food and lodging for family of member admitted over 150 miles from home for specialty care
- Injectable drugs and drugs given by a doctor in an office setting, and IV infusion drugs (list of codes on Sunshine Health's website)
- Non-emergency services with a non-participating provider
- Post discharge meals

This list indicates what services require a prior authorization. If there is no prior authorization received from Sunshine Health, the claim for any service noted as needing a prior authorization will be denied. This is not a complete list of covered services. Limits and services that are not covered are listed in the Member Handbook. The utilization management department is available Monday through Friday from 8 a.m. to 6 p.m. at (866) 796-0530, during normal working days. NurseWise staff are available 24/7 for after hour calls.

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