

Effective 9.01.2016

Notice

Items Requiring Authorization And Documentation

For services listed below, a referral form must be completed and faxed with clinical documentation to MDwise at (855) 325-9093
 Authorizations may also be obtained by calling MDwise at (855) 325-8041

Note: Voicemail and fax at MDwise are confidential.

Services

- **Admissions**
 - Inpatient (*including obstetrics*)
 - Observation (*Out-of-Network and Tertiary only*)
 - Rehabilitation Center
 - Sub-acute
- **Ambulance Transportation Non-emergency Situations**
- **Behavioral Health**
- **Bone Density Scans**
- **Breast Pump** (*electric*)
- **Coronary Calcification Studies**
 - Ultrafast CT/EBCT/Rapid Scan
 - Helical CT
- **Dental-Full Anesthesia Services** (*provided at an outpatient hospital facility*)
- **Dialysis Services**
- **Durable Medical Equipment And Supplies**
 - Over \$500 (*total billed*)
 - DME repair/replacement
- **Endovenous Laser Treatment For Varicose Veins**
- **Enteral Feedings**
- **Formula** (*excluding WIC*)
- **Genetic Testing**
- **Hearing Aids** (*purchase/repair*)
- **Home Health Agency Services**
- **Hospice** (*excluded, contact Select to facilitate transition to another Medicaid plan*)
- **Hysterectomy**
- **Implantable Pumps**
 - Baclofen pumps
 - Insulin pumps
 - PCA pumps
- **Incontinence Supplies**
- **MRA Scan** (*Magnetic Resonance Angiogram*)
- **MRI Scan**
- **New Technology Services Including Any Non-FDA Approved Pharmaceuticals**
- **OB Ultrasound** (*>2/pregnancy, excluding high-risk pregnancies*)
- **Obesity To Include**
 - Bariatric Services
 - Morbid Obesity Services
- **Occupational Therapy** (*no PA required for evaluation*)
- **Oral Surgery**
- **Orthognathic Surgery**
- **Orthotics-Foot**
- **Osteopathic Manipulation Treatment (OMT)**
 - PA required after first 6 visits by a D.O. per contract year
- **Out-Of-Network Care**
- **Pain Management Services**
 - Epidural Steroid Injections
 - Facet Injections
 - Pain (nerve) Blocks
 - Trigger Point Injections
- **Perinatology Services** (*for assumption of care*)
- **Pervasive Development Disorder Services**
- **PET Scans**
- **Physical Therapy** (*no PA required for evaluation*)
- **Plastic Surgery Procedures Including, But Not Limited To** (*cosmetic procedures are not covered*)
 - Abdominoplasty
 - Blepharoplasty
 - Mammoplasty
 - Septoplasty
 - Sclerotherapy
 - Skin Lesion Removal
 - Rhinoplasty
- **Prosthetic Devices**
- **Replacement Heart System Implantation, Replacement Or Repair Of Any Components**
- **Respiratory Therapy**
- **Specialty Pharmaceuticals**
- **Speech Therapy** (*no PA required for evaluation*)
- **Transplants**
 - Bone Marrow
 - Organ