Prior Authorization List
MDwise Select Health Network HHW
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
- Breast 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