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Service Name	Prior Auth. Required?	PA Form	Notification Required?	Notify / Form	Threshold	Product List
ACUPUNCTURE						
Acupuncture is covered for chronic pain. Chronic pain is defined as pain with duration of at least six consecutive months.	Yes, after threshold is met	Authorization Request Medical Surgical Services Form	No		20 units per year (unit=15 min)	All Products
SUBSTANCE USE DISORDER SERVICES						
Detox – Inpatient <i>*Go to Non-Emergent Medical Hospital Admission</i>	No See Note L		Yes, Notification within 24 hours	Inpatient Notification Worksheet (SCHA # 2291)	None	All Products
Detox – Outpatient Not a covered benefit through South Country						None – Not a Covered Benefit
Hospital-Based Inpatient Residential Program	Yes	Assessors – – SUD Request Worksheet (SCHA #1762) and Full Rule 25 Assessment is (DHS-5204) Treating Facility –SUD Admission Form for all Levels of Care (SCHA #1761) and SCHA SUD Complexities Grid (SCHA #1763) (<i>at time of admission and if complexity changes</i>); – Rule 25 Assessment & Placement Summary (DHS-2794) when requesting continued stay.	No		None	All Products

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Medication Assisted Treatment <i>(including Methadone and injectable)</i>	Yes	Assessors – – SUD Request Worksheet (SCHA #1762) and Full Rule 25 Assessment is (DHS-5204) Treating Facility – <i>(both residential and non-residential treatment)</i> – SUD Admission Form for all Levels of Care (SCHA #1761) and SCHA SUD Complexities Grid (SCHA #1763) <i>(at time of admission and if complexity changes);</i> – Rule 25 Assessment & Placement Summary (DHS-2794) when requesting continued stay. Note: <i>SUD Assessment not accepted from treating provider</i>	No		None	All Products
Residential Treatment Services <i>(facilities licensed to provide room and board services only) Low, Moderate, and High Intensity</i>	Yes	Assessors – – SUD Request Worksheet (SCHA #1762) and Full Rule 25 Assessment is (DHS-5204) Treating Facility – SUD Admission Form for all Levels of Care (SCHA #1761) and SCHA SUD Complexities Grid (SCHA #1763) <i>(at time of admission and if complexity changes);</i> – Rule 25 Assessment & Placement Summary (DHS-2794) when requesting continued stay.	No		None	All Products

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Non-Hospital Based Inpatient Residential Program <i>(residentially licensed substance use disorder provider, e.g. Rule 31) Low, Moderate, High Intensity</i>	Yes	Assessors – – SUD Request Worksheet (SCHA #1762) and Full Rule 25 Assessment is (DHS-5204) Treating Facility – SUD Admission Form for all Levels of Care (SCHA #1761) and SCHA SUD Complexities Grid (SCHA #1763) <i>(at time of admission and if complexity changes);</i> – Rule 25 Assessment & Placement Summary (DHS-2794) when requesting continued stay.	No		None	All Products
Non-Residential Treatment Services	Yes	Assessors – – SUD Request Worksheet (SCHA #1762) and Full Rule 25 Assessment is (DHS-5204) Treating Facility – <i>(both inpatient and outpatient treatment)</i> – SUD Admission Form for all Levels of Care (SCHA #1761) and SCHA SUD Complexities Grid (SCHA #1763) <i>(at time of admission and if complexity changes);</i> – Rule 25 Assessment & Placement Summary (DHS-2794) when requesting continued stay.	No		None	All Products
Rule 25 Assessment	No		Yes	SUD Request Worksheet (SCHA #1762) along with completed Rule 25 Assessment	None	All Products

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DURABLE MEDICAL EQUIPMENT AND SUPPLIES						
Apnea Monitors	No		No		None	All Products
Baclofen Pumps	No		No		None	All Products
Communication Devices	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Continuous Glucose Monitoring Systems (includes the sensor, transmitter and receiver)	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Custom Wheelchairs (power) and Power Operated Vehicle (POV)	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293) Note: No authorization is needed for repairs or items needed to maintain the function of the POV under \$750. This includes batteries, battery chargers, tires, arm rests, general use cushions, and anti-tip devices	No		None	All Products
Equipment Greater or Equal to \$750 or any Rental Item rented for greater than 4 months (rental is paid up to purchase price)	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Insulin Pumps and supplies	No		No		None	All Products
Pods (A9274)	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Orthotics or Prosthetics Over \$750	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products

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Oxygen - <u>excluding</u> oxygen supplies, nebulizers, BI PAP, and ventilators	Yes, for initial use only	Authorization Request Medical Surgical Services Form (SCHA #2293)	Yes		None	All products
Oxygen, CPAP	Yes, after 4 months of use	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Positioning Seats	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Specialty Hospital Beds	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Specialty Pressure Mattress	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Unlisted Code E1399 over \$500 <i>(Misc. DME)</i>	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Unlisted Code K0108 over \$500 <i>(Misc. Wheelchair Accessories)</i>	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Vest Percussors	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
HEALTH AND SAFETY EQUIPMENT SERVICES						
Health and Safety Equipment and Services	Yes, Care Coordinator submits PA	SCC Health & Safety Request Form (SCHA #2294)	No		\$300 per year	SeniorCare Complete

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HEARING AID						
Hearing Aide (<i>new and replacement</i>)	Yes, more than 2 replacements in 5 years requires prior auth.	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		2 replacements in a 5-year period	All Products
HOME HEALTH SERVICES – MEDICARE						
Skilled Nursing Care, Therapy (PT, OT, ST); Medical Social Services and Medical Supplies	No		Yes	CMS-485 or Physician's Order for Skilled Services	None	SeniorCare Complete and AbilityCare
HOME CARE SERVICES-MEDICAL ASSISTANCE AND DD, CAC, CADI, BI WAIVER						
Home Health Aide	Yes, Auth. must be obtained from County Case Manager	Managed Care Organization/County/Tribal Agency Communication Form - Authorization of Home Care Services (DHS eDoc5841) <i>Member must have a DD, CAC, CADI, or BI Waiver.</i>	No		None	PMAP, MSC+, SeniorCare Complete, AbilityCare, SharedCare, SingleCare
Personal Care Assistant (PCA)	Yes, Auth. must be obtained from County Case Manager	Managed Care Organization/County/Tribal Agency Communication Form - Authorization of Home Care Services (DHS eDoc5841) <i>Member must have a DD, CAC, CADI, or BI Waiver.</i>	No		None	PMAP, MSC+, SeniorCare Complete

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Home Care Nursing	Yes, Auth. must be obtained from County Case Manager	Managed Care Organization/County/Tribal Agency Communication Form - Authorization of Home Care Services (DHS EDoc5841) <i>Member must have a DD, CAC, CADI, or BI Waiver.</i>	No		None	PMAP, MSC+, SeniorCare Complete
Skilled Nurse Visits	Yes, Auth. must be obtained from County Case Manager	Managed Care Organization/County/Tribal Agency Communication Form - Authorization of Home Care Services (DHS eDoc 5841) <i>Member must have a DD, CAC, CADI, or BI Waiver.</i>	No		None	PMAP, MSC+, SeniorCare Complete, AbilityCare, SharedCare, SingleCare
HOME CARE SERVICES – STATE PLAN HOME CARE AND ELDERLY WAIVER						
Home Health Aide	Yes, Auth. must be obtained from County Case Manager	MN DHS eDoc 5841 must be submitted to SCHA by the member's Care Coordinator <i>Member must be on the Elderly Waiver</i>	No		None	MSC+, SeniorCare Complete
Personal Care Assistant (PCA)	Yes, Auth. must be obtained from County Case Manager	MN DHS eDoc 5841 must be submitted to SCHA by the member's Care Coordinator <i>Member must be on the Elderly Waiver</i>	No		None	MSC+, SeniorCare Complete

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Home Care Nursing	Yes, Auth. must be obtained from County Case Manager	MN DHS eDoc 5841 must be submitted to SCHA by the member's Care Coordinator <i>Member must be on the Elderly Waiver</i>	No		None	MSC+, SeniorCare Complete
Skilled Nurse Visits	Yes, Auth. must be obtained from County Case Manager	MN DHS eDoc 5841 must be submitted to SCHA by the member's Care Coordinator <i>Member must be on the Elderly Waiver</i>	No		None	MSC+, SeniorCare Complete
HOME CARE SERVICES – STATE PLAN HOME CARE AND NON-WAIVER						
Home Health Aide	Yes, after 9 th visit per calendar year	MA Home Care Technical Change Request (DHS-4074) or Authorization Request Medical Surgical Services Form (SCHA #2293) <i>Member does NOT have a Waiver</i>	No		None	PMAP, MSC+, SeniorCare Complete, AbilityCare, SharedCare, SingleCare.
Personal Care Assistant (PCA)	Yes	Personal Care Assistance Assessment and Services Plan (DHS-3244) <i>Member does NOT have a Waiver</i>	No		None	PMAP, MSC+, SeniorCare Complete
Home Care Nursing	Yes	MA Home Care Nursing Assessment (DHS-4071A) <i>Member does NOT have a Waiver</i>	No		None	PMAP, MSC+, SeniorCare Complete
Skilled Nurse Visits	Yes, after the 9 th visit per calendar year	MA Home Care Technical Change Request Form (DHS-4074) or Authorization Request Medical Surgical Services Form (SCHA #2293) <i>Member does NOT have a Waiver</i>	No		None	PMAP, MSC+, SeniorCare Complete, AbilityCare, SharedCare, SingleCare

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HOSPICE CARE						
Hospice Care	No		Yes	Hospice Notification Worksheet (SCHA #2296)	None	All Products
HOSPITAL CARE – INPATIENT						
Continued Stays - MORE than 2 midnights	Yes – after threshold is met	Authorization Request Medical Surgical Services Form (SCHA #2293)	Yes, within 24 hours of admission SCHA requests a discharge notification with 24 hours of discharge	Inpatient Notification Worksheet (SCHA #2291) for both admission and discharge	Continued stay more than 2 midnights.	All Products
Emergency Medical Hospital Admission	No		Yes, within 24 hours of admission SCHA requests a discharge notification within 24 hours of discharge	Inpatient Notification Worksheet (SCHA #2291) for both admission and discharge		All Products
Non-Emergent Medical Hospital Admission	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	Yes, within 24 hours of admission SCHA requests a discharge notification within 24 hours of discharge	Inpatient Notification Worksheet (SCHA #2291) for both admission and discharge		All Products
Swing Bed - Refer to Nursing Home Services on this PA Grid						

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BEHAVIORAL HEALTH SERVICES						
Assertive Community Treatment (ACT)	No See Note F		Yes	Behavioral Health Notification (SCHA #2281)	None	All Products
Youth ACT (ages 16 up to age 21)	No See Note F		Yes	Behavioral Health Notification (SCHA #2281)	75 units of service in a calendar year; also	PMAP; MNCare
Acute Inpatient Mental Health	Yes	Behavioral Health Admission Worksheet (SCHA #2324)	Yes, Within 24 hours of admission	Behavioral Health Admission Worksheet (SCHA #2324)	None	All Products
Adult Day Treatment (Behavioral Health Treatment)	Yes; See Note E	Outpatient Behavioral Health Authorization (SCHA #2285)	No		Max. 15 hours per week – May NOT obtain authorization for more day treatment hours in a week. 115 hours per calendar year without authorization	All Products
Adult Rehabilitative Mental Health Services (ARMHS)	Yes, after threshold is met and also if provided concurrently with ACT Services	Outpatient Behavioral Health Authorization (SCHA #2285)	Yes, at the start of care	Behavioral Health Notification (SCHA #2281)	1200 Units cumulative. All ARMHS Codes combined per year	All Products
Certified Peer Specialist Services (CPSS)	Yes, after threshold is met	Outpatient Behavioral Health Authorization (SCHA #2285)	No		300 hours per calendar year combined total by Level I, II, and peer services in a group setting	All Products

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Clinical Care Consultation <i>(between the ages of 0-21 years)</i>	Yes, after threshold is met	Authorization Form (DHS-4695-ENG)	No		Calendar year threshold, 15 hours. Upper limit of timed unit to be counted to the threshold. Unit unique to code/modifier: 5-10 minutes 11-20 minutes 21-30 minutes 31 minutes and above	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Crisis Response Services - Adult <i>(age 18 or older)</i>	Yes, after 5 days for Residential Crisis Stabilization	Outpatient Behavioral Health Authorization (SCHA #2285)	Yes, upon admission	Behavioral Health Notification (SCHA #2281)	1) Community Crisis Response; None. 2) Residential Crisis Stabilization; required for more than 10 days in a calendar month 3) Community intervention limited basis and must follow ARMHS billing instructions/thresholds	All Products
Behavioral Health Home Services (BHH)	Yes, within 30 days of intake	DHS-4797-ENG	No		Six months at enhanced rate No threshold after initial six-month period	All Products

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Crisis Response Services – Children’s	No		Yes	Behavioral Health Notification (SCHA #2281)		PMAP, MNCare
Children’s Therapeutic Services and Supports (CTSS)– Behavioral Health Day Treatment <i>(under age 21)</i>	Yes, after threshold is met	CTSS Authorization Form (SCHA #2286)	No		Minimum 2 hours daily and Maximum 3 hours may not obtain authorization for more day treatment hours in a day; Maximum 15 hours/week; may NOT obtain authorization for more day treatment hours in a week; 150 hours per calendar year; request authorization for additional- medically necessary	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Children’s Therapeutic Services and Supports (CTSS)– Crisis Assistance <i>(under age 21)</i>	Yes, after threshold is met	CTSS Authorization Form (SCHA #2286)	No		200 cumulative hours per calendar year for any combination of psychotherapy, skills training, crisis assistance, therapeutic components of preschool program, Mental Health Behavioral Aide (MHBA) services	PMAP, MNCare, AbilityCare, SharedCare, SingleCare

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Children's Therapeutic Services and Supports (CTSS)– Family Therapy <i>(under age 21)</i>	Yes, after threshold is met	CTSS Authorization Form (SCHA #2286)	No		26 sessions per year; cumulative for any combination of group therapy	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Children's Therapeutic Services and Supports (CTSS)– Group Therapy <i>(under age 21)</i>	Yes, after threshold is met	CTSS Authorization Form (SCHA #2286)	No		52 sessions per year; cumulative for any combination of group psychotherapy	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Children's Therapeutic Services and Supports (CTSS)– Multi Family Therapy <i>(under age 21)</i>	Yes, after threshold is met	CTSS Authorization Form (SCHA #2286)	No		10 sessions per year	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Children's Therapeutic Services and Supports (CTSS)– Therapy <i>(under age 21)</i>	Yes, after threshold is met	CTSS Authorization Form (SCHA #2286)	No		200 cumulative hours per calendar year <i>(units vary by 30, 45, or 60 minutes)</i>	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Children's Therapeutic Services and Supports (CTSS)– Skills Training and Development <i>(under age 21)</i>	Yes, after threshold is met	CTSS Authorization Form (SCHA #2286)	No		200 cumulative hours per calendar year for any combination of psychotherapy, skills training, crisis assistance, therapeutic components of preschool program and Mental Health Behavioral Aide Services	PMAP, MNCare, AbilityCare, SharedCare, SingleCare

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Dialectic Behavioral Therapy (DBT) – Individual Therapy	Yes See Note E	Initial Dialectical Behavior Therapy (DBT) Authorization Form (SCHA #2287) and Additional Dialectical Behavior Therapy (DBT) Authorization Form (SCHA #2288)	No		Up to 26 hours (104 units) per 6 months (unit=15 minutes)	All Products
Dialectic Behavioral Therapy (DBT) – Skills Training	Yes See Note E	Initial Dialectical Behavior Therapy (DBT) Authorization Form (SCHA #2287) and Additional Dialectical Behavior Therapy (DBT) Authorization Form (SCHA #2288)	No		Up to 78 hours (312 units) per 6 months (unit=15 minutes)	All Products
Diagnostic Assessment	No See Note D		No		Maximum of 4 sessions allowed per year	All Products
Eating Disorders – Residential <i>*Go to Non-Emergent Medical Hospital Admission</i>	Yes	Eating Disorder In-Patient/Out-Patient Review Form (SCHA #2290)	No		None	All Products
Eating Disorders – Non-Residential	Yes	Eating Disorder In-Patient/Out-Patient Review Form (SCHA #2290)	No			All Products
Early Intensive Developmental and Behavioral Intervention (EIDBI) – CMDE <i>(under age 21)</i>	No		No		Annually, 2 days allowed for completion	PMAP MNCare, AbilityCare, SharedCare, SingleCare
Early Intensive Developmental and Behavioral Intervention (EIDBI) – Coordinated Care Conference <i>(under age 21)</i>	No		No		Annually, 1 per provider, Up to 8 providers	PMAP MNCare, AbilityCare, SharedCare, SingleCare
Early Intensive Developmental and Behavioral Intervention (EIDBI) – Family/Caregiver Training and Counseling <i>(under age 21)</i>	Yes	CMDE Medical Necessity Summary Information (DHS-7108-ENG) Individual Treatment Plan and Progress Monitoring (DHS-7109-ENG)	No		Maximum total of 65 hours over 6 months combined for family training services	PMAP MNCare, AbilityCare, SharedCare, SingleCare

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Early Intensive Developmental and Behavioral Intervention (EIDBI) – Intervention – Individual <i>(under age 21)</i>	Yes	CMDE Medical Necessity Summary Information (DHS-7108-ENG) Individual Treatment Plan and Progress Monitoring (DHS-7109-ENG)	No		Based on medical necessity determination. Total intervention cannot exceed 9 hours/day	PMAP MNCare, AbilityCare, SharedCare, SingleCare
Early Intensive Developmental and Behavioral Intervention (EIDBI) – Intervention – Group <i>(under age 21)</i>	Yes	CMDE Medical Necessity Summary Information (DHS-7108-ENG) Individual Treatment Plan and Progress Monitoring (DHS-7109-ENG)	No		Based on medical necessity determination. Total intervention cannot exceed 9 hours/day	PMAP MNCare, AbilityCare, SharedCare, SingleCare
Early Intensive Developmental and Behavioral Intervention (EIDBI) – ITP Development (Initial) <i>(under age 21)</i>	No				Initial ITP can be billed without prior authorization up to 16 hours	PMAP MNCare, AbilityCare, SharedCare, SingleCare
Early Intensive Developmental and Behavioral Intervention (EIDBI) – ITP Development and Monitoring (ongoing) <i>(under age 21)</i>	Yes	CMDE Medical Necessity Summary Information (DHS-7108-ENG) Individual Treatment Plan and Progress Monitoring (DHS-7109-ENG)			Additional ITP require prior authorization up to 4x/year up to 32 hours	PMAP MNCare, AbilityCare, SharedCare, SingleCare
Early Intensive Developmental and Behavioral Intervention (EIDBI) – Intervention, Observation and Direction <i>(under age 21)</i>	Yes	CMDE Medical Necessity Summary Information (DHS-7108-ENG) Individual Treatment Plan and Progress Monitoring (DHS-7109-ENG)			Maximum 130 hours over 6 months	PMAP MNCare, AbilityCare, SharedCare, SingleCare
Healthy Pathways Program <i>(ages 18+)</i>	Yes	Healthy Pathways Communication Form; Must be completed and submitted - <ul style="list-style-type: none"> • Initial request • 60 – day request • 6-month request 	No			All Products

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Institute of Mental Disease (IMD)	Yes	Behavioral Health Admission Worksheet (SCHA #2324)	No			All Products
Intensive Outpatient Mental Health Treatment	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	Yes	Behavioral Health Notification (SCHA #2281)	10 days per episode	All Products
Intensive Residential Treatment Services (IRTS)	Yes, after threshold is met See Note C	Behavioral Health Admission Worksheet (SCHA #2324)	No		90 days per episode	All Products
Mental Health Targeted Case Management (MH-TCM)	No	If member is receiving MH-TCM services but services are transferred to another provider, please submit the MH-TC M Universal Transfer Form (SCHA#2284)	Yes, within 60 days of start date of MH-TCM services as noted on notification form	SCHA MH-TCM Eligibility Notification Form and If member is receiving MH-TCM services but services are transferred to another provider, please submit the MH-TC M Universal Transfer Form (SCHA #2284)	None	All Products
Neuropsychological Testing	Yes, after threshold is met	Request for Psychological Testing Authorization Form (SCHA #2292)	No		7 hours (15 hours maximum per person/per year)	All Products
Partial Hospitalization	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	Yes	Behavioral Health Admission Worksheet (SCHA #2324)	10 days per episode	All Products
Psychological Testing	Yes, after threshold is met	Request for Psychological Testing Authorization Form (SCHA #2292)	No		4 hours (8 hours maximum per person/per year)	All Products

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Psychotherapy – Family	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		26 sessions of family psychotherapy per calendar year; 10 sessions of multiple family group psychotherapy per calendar year	All Products
Psychotherapy – Group	Yes, after threshold is met See Note G	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		52 sessions per calendar year; cumulative	All Products
Psychotherapy – Individual	Yes, after threshold is met See Note G	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		26 hours per calendar year; cumulative	All Products
Family Psychoeducation Individual (single recipient) <i>(Individual less than 21 years)</i>	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		26 hours cumulative/calendar year Unit = 15 min Max units = 104	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Family Psychoeducation Recipient Group (Multiple recipients) <i>(individual less than 21 years)</i>	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		52 sessions cumulative/calendar year (1 session = 6 units/day) Max 1 session /day	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Family Psychoeducation Recipient and Family (single recipient and their family) <i>(individual less than 21 years)</i>	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		26 sessions cumulative/calendar year (1 session = 6 units/day) Max 1 session/day	PMAP, MNCare, AbilityCare, SharedCare, SingleCare

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Family Psychoeducation Family (single family, individual not present) <i>(individual less than 21 years)</i>	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		26 sessions cumulative/calendar year (1 session = 6 units/day) Max 1 session/day	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Family Psychoeducation Family Group (multiple families with individuals present) <i>(individual less than 21 years)</i>	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		10 sessions cumulative/calendar year (1 session = 8 units/day) Max 1 session/day	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Family Psychoeducation Family Group (multiple families, individuals not present) <i>(individual less than 21 years)</i>	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		10 sessions cumulative/calendar year (1 session = 8 units/day) Max 1 session/day	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Rule 5 Children's Residential Treatment Services	Yes	Behavioral Health Admission Worksheet (SCHA #2324)	No		None	PMAP, MNCare
Psychiatric Residential Treatment Facility Services (PRTF)	Yes	Behavioral Health Admission Worksheet (SCHA #2324)	No		None	PMAP, MNCare, AbilityCare, SharedCare, SingleCare
Intensive Treatment in Foster Care (ITFC)	Yes, after threshold is met	Outpatient Behavioral Health Authorization Form (SCHA #2285)	No		78 units of service	PMAP, MNCare, AbilityCare, SharedCare, SingleCare

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NURSING HOME SERVICES						
NF – Custodial Care	No		Yes – within 24 hours of admission	Nursing Home Communication Form (SCHA #2297)	None	MSC+, SeniorCare Complete, AbilityCare, SharedCare, SingleCare
SNF – Intensive Service Days	Yes	Nursing Home Communication Form (SCHA # 2297)	Yes – within 24 hours of admission	Nursing Home Communication Form (SCHA #2297)	None	MSC+, SeniorCare Complete, AbilityCare, SharedCare, SingleCare
SNF or NF – Private Room	Yes	Nursing Home Communication Form (SCHA #2297)	Yes – within 24 hours of admission	Nursing Home Communication Form (SCHA #2297)	None	SeniorCare Complete, AbilityCare, SharedCare, SingleCare, MSC+
SNF – Skilled Care Days	Yes	Nursing Home Communication Form (SCHA #2297)	Yes – within 24 hours of admission	Nursing Home Communication Form	None	SeniorCare Complete, AbilityCare
Swing Bed	Yes See Note J	Inpatient Notification Form (SCHA #2291)	No		None	SeniorCare Complete, AbilityCare, SingleCare
NUTRITIONAL PRODUCTS – ENTERAL						
Enteral Nutritional Products Codes: B4149-B4162 (for these codes 100 calories = one unit), S9435 <i>Oral enteral nutrition treatment of PKU, hyperlysinemia, or MSUD do not require authorization unless member is under age one.</i>	Yes – once threshold is met See Note H	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		1050 units/month <i>Beginning 04/01/2017 – threshold will be 400 units/month.</i>	All Products

Benefits are subject to eligibility at the time service is required.
 Authorization Forms can be found at www.mnscha.org under Provider Resources tab/Forms

Service Name	Prior Auth. Required?	PA Form	Notification Required?	Notify / Form	Threshold	Product List
Nutrition for Recipients under Age One <i>Must include documentation that WIC cannot meet the child's medical needs.</i>	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	PMAP, MNCare
Nutrition for Recipients with Feeding Tubes (over age one)	No		No		None	All Products
OUT-OF-NETWORK SERVICES						
Out-of-Network Provider Service	Yes, if services are indicated as needing a PA on the PA Grid	Authorization Request Medical Surgical Services Form (SCHA #2293)	Yes		None	All Products
PUBLIC HEALTH NURSE VISITS						
Public Health Nurse Visits	No		No		None	All Products
REHABILITATION						
Acute Care Rehab	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Outpatient Therapies – Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy <i>No Maintenance (custodial) Therapies for members over 20 years old</i>	No		No		None	All Products

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 Authorization Forms can be found at www.mnscha.org under Provider Resources tab/Forms

Service Name	Prior Auth. Required?	PA Form	Notification Required?	Notify / Form	Threshold	Product List
SURGERY						
Circumcision – Routine Circumcisions <i>Not a covered benefit</i>	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Miscellaneous	Yes See Note A	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Oral Surgery, Maxillofacial Surgery, or Uvulopalatopharyngoplasty (UPPP), Alveoplasty	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Reconstructive Procedures and/or Potentially Cosmetic Procedures	Yes See Note B	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Spinal Surgeries – Arthrodesis, Lumbar Fusion, or X-Stop	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
TRANSPLANTS						
Transplant, except Cornea and Kidney	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No for Cornea Yes, for Kidney	Inpatient Notification Form	None	All Products
VISION						
Lenses with Special Tints, Coatings, or No Glare	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)			None	All Products
Vision Therapy	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		1 exam and 1 weekly therapy session per 6	All Products
MISCELLANEOUS						
Blood Factor Products	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No			All Products
Growth Hormones	Yes	MN Uniform Formulary Exception Form	No		None	All Products

Benefits are subject to eligibility at the time service is required.

Authorization Forms can be found at www.mnscha.org under Provider Resources tab/Forms

Service Name	Prior Auth. Required?	PA Form	Notification Required?	Notify / Form	Threshold	Product List
Medication Administered in Physician's Office <i>Cost greater than or equal to \$750</i>	Yes See Note I	Authorization Request Medical Surgical Services Form (SCHA #2293)	No		None	All Products
Botox	Yes	Authorization Request Medical Surgical Services Form (SCHA #2293)	No			All Products
Restricted Recipients	No		Yes, all referrals to a specialist require notification form from the Primary Care Clinic	Managed Care Referral Form	None	All Products

Authorization Requests: Mayo Management Services Inc. (Fax: 888-889-7822)

Verify Member Eligibility and Primary Care Location: Provider Services Center (Phone: 800-995-4543)

Benefit Plan Provisions: Provider Services (Phone: 800-995-4543)

Benefits are subject to eligibility at the time service is required.
Authorization Forms can be found at www.mnscha.org under Provider Resources tab/Forms

NOTES

Note A: Such as, but not limited to: implantable ventricular assist systems and artificial hearts, lung volume reduction, Vagus nerve stimulation, deep brain stimulation, varicose vein treatment, bone stimulators

Note B: Such as, but not limited to: brow lifts, Panniculectomy, scar excision/revision, reduction mammoplasty or mastopexy, bariatric surgery, subcutaneous injections to change contours, suction lipectomy, tattooing or tattoo removal, septoplasty and rhinoseptoplasty, Sal abrasions, and skin peels

Note C: Maximum 90 days per episode, readmission within 15 days counts towards 90-day limit. Request authorization for more than 90 days. Service limitations apply when providing IRTS and other concurrent services. Please see SCHA Behavioral Health Provider Manual for specifics.

Note D: A maximum of 4 sessions is allowed per calendar year. Provider cannot bill both 90791 and 90792 for same recipient – choose one or the other. Interactive complexity add-on 90785 may be used with 90791. See SCHA Behavioral Health Provider Manual for specifics.

Note E: Authorization (1) After threshold; or (2) When receiving concurrent DBT services (regardless of 115 hrs. was met); or (3) Authorization is required to provide concurrent partial hospitalization or adult day treatment and residential crisis stabilization services concurrently.

Note F: Service limitations apply when providing ACT, and other concurrent services and also when providing Youth ACT and other concurrent services. Please see SCHA Behavioral Health Provider Manual for specifics.

Note G: Interactive complexity may be used with some psychotherapy codes. Please see SCHA Mental Health Provider Manual for specifics.

Note H: Enteral nutrition is covered for members who need nutritional supplementation because solid food or the nutrients in the food cannot be properly absorbed by the body, for treatment of phenylketonuria (PKU), hyperlysinemia, maple syrup urine disease (MSUD) or a combined allergy to human milk, cow's milk and soy formula. Enteral nutrition may be covered for recipients with other specific medical conditions as discussed in the Medical Management chapter of the Provider Manual.

Note I: Synagis does not require a prior authorization.

Note J: Not a covered benefit for PMAP, MNCare, and MSC+. Contact DHS Provider Services for further assistance. For SNBC members with Medicare elsewhere contact Medicare.

Note K: AbilityCare refers to SCHA's dual integrated plan where SCHA covers both Medicare and Medicaid. SingleCare (SNBC) refers to those members who are not eligible for Medicare and only have Medicaid coverage through SCHA. SharedCare (SNBC) refers to those members who have Medicaid coverage through SCHA and Medicare coverage through another health plan.

Note L: Inpatient detoxification is covered only when inpatient hospitalization is medically necessary because of conditions resulting from withdrawal or conditions occurring in addition to withdrawal, for example for conditions resulting from injury or accident or medical complications during detoxification, that necessitate the constant availability of physicians and registered nurses and/or complex medical equipment found only in an inpatient setting.

If you have a question about a service not listed, please call Provider Services at (800-995-4543).

Benefits are subject to eligibility at the time service is required.

Authorization Forms can be found at www.mnscha.org under Provider Resources tab/Forms