



## **PROVIDER BULLETIN**

### **Prior Authorization Requirements**

*July 18, 2011*

Effective September 01, 2011, Sunshine State Health Plan® (Sunshine Health) has revised the prior authorization requirements for Medicaid Members.

Specifically the following changes will occur:

Removed

- Nuclear Cardiology

Added

- Hospital Outpatient Surgery (Must be requested by ordering physician)

Should you have any additional questions, please contact Provider Services at (866) 796-0530 or your Provider Relations Representative.

Reminder

Effective June 1<sup>st</sup>, Sunshine Health has delegated radiology benefit management of high tech imaging to NIA. For PA requests, please contact NIA at (866) 214-2569. As a reminder NIA ONLY accepts telephonic or web requests for PA.

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**Health Plan Prior Authorization is Required for All Non-Participating or Out-of-Network Specialist or Facility. Except for coverage of emergency care.**

**PCP/Specialists must request an authorization for the following services:**

## Inpatient Services

All acute and non-acute inpatient facility admissions including observation, behavioral health, skilled nursing facility, crisis stabilization and rehabilitation. Some limits may apply:

- 7 days prior to scheduled admission
- Within 48 hours of emergency admission
- Notification of Newborn deliveries by next business day, Domiciliary, rest home, respite, and custodial care facility admissions

Non-participating or out-of-network facilities  
(Swing beds are non-covered)

## Ancillary Services

- DME over \$500, Home Care and Home supplies\* (via CareCentrix)
- Orthotics and Prosthetics\* (O&P) (via CareCentrix)
- Occupational therapy excluding initial evaluation
- Physical therapy excluding initial evaluation
- Speech Therapy excluding initial evaluation
- Pulmonary Therapy excluding initial evaluation
- Cardiac Rehabilitation
- Hearing Services, Aids and devices (includes fitting and audiologic services to use)

## Outpatient Service

- Radiology: CT, MRI, MRA, and PET scans (via NIA)
- Experimental or investigational treatments/services
- Observation Stays
- More than two OB ultrasounds
- Therapy services as above
- Pain Management Programs/Services
- Hospital Outpatient Surgeries (Required to be called in by Specialist or PCP) If performed at a participating Ambulatory Surgical Center it does not require the Prior Authorization unless the procedure is listed under the Outpatient/Ambulatory/Office Section.

## Transplants

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

## Prenatal Notification Form

Fax to 1-866-681-5125

Submit notification of expectant mother's prenatal assessment within 5 days of first prenatal visit.

Contact CareCentrix via phone or fax to obtain authorization for DME, Home Care and Home Supplies:

\* Service does not require PA, if under \$500.00 and provided in a PAR provider office

## Outpatient/Ambulatory/Office

### Surgical or interventional procedures as follows:

- Therapeutic Abortions
- Stereotactic Radiosurgery
- Bariatric Surgery procedures
- Implantable devices including cochlear implants
- Potentially cosmetic or plastic surgery including but not limited to:
  - Blepharoplasty
  - Breast Reconstruction
  - Breast Reduction
  - Varicose vein procedures
  - Septoplasty/rhinoplasty
  - Otoplasty
- Ambulatory/ Video EEG
- Sleep studies
- Dental/oral surgery requiring general anesthesia

## Other Services Requiring a Plan Authorization

- Air transport and non-emergent ambulance transfers
- Behavioral Health or substances Abuse Services. See the Behavioral Health Manual for more information.
- Any potentially cosmetic, experimental or investigational treatment/service

## Plan Authorization Requests

Call the UM Department at 1-866-796-0530 and follow the prompts to Referral/Authorization Unit. NurseWise staff is available 24/7 for after hour calls. All notifications of admission must be followed by submission of clinical information by the next business day via fax or telephone. All transition of care and clinical updates are required to validate ongoing services that require authorization.

Failure to obtain the required prior approval or pre-certification may result in a denied claim(s). This guide is not intended to be an all-inclusive list of covered services but it substantially provides current referral and prior authorization instructions. All services are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

Emergency room or urgent care visits are NOT subject to plan prior authorization requirements.

- Phone: 1- 800-835-5916
- Fax: Initial Authorizations: 1-800-218-4219
- Fax Re-authorizations: 1- 800-375-5266

## Biopharmaceuticals

Sunshine State Health Plan (Sunshine Health) works with Caremark Specialty Pharmacy, to provide biopharmaceuticals and injectables. Most biopharmaceutical and injectables billed for more than \$250 require a Prior Authorization (PA) to be approved for payment by Sunshine Health. While the Sunshine Health Medical Director and Sunshine Health Director of Pharmacy Services oversee the clinical review, Caremark Specialty Pharmacy is responsible for administering the PA process.

Use the following guidelines for efficient processing of your PA request.

Physicians can request that Caremark Specialty Pharmacy deliver the biopharmaceutical product or specialty injectable to their office or to the member's home:

1. Call Caremark Specialty Pharmacy at 1-800-237-2767 or fax Caremark Specialty Pharmacy the Caremark Enrollment Form to 1-800-323-2445 for Prior Authorization.
2. If approved, Caremark will contact the physician or member for delivery confirmation.

ACTHAR	FERRLECIT*	MITOXANTRONE	REMICADE	THALOMID
ACTIMMUNE**	FLEBOGAMMA	MYOBLOC	REMODULIN	THYMOGLOBULN
ADAGEN*	FLOLAN*	MYOZYME	REVIATIO	THYROGEN
ALDURAZYME	FORTEO	NAGLAZYME	REVLIMID	TOBI
ALFERON N**	FRAGMIN	NATRECOR*	RHOPHYLAC	TRACLEER
AMEVIVE	FUZEON	NEULASTA	RIBAPAK	TRELSTAR
ARALAST	GAMASTAN	NEUMEGA	RIBASPHERE	TYKERB
ARANESP	GAMMAGARD	NEUPOGEN	RIBATAB	TYSABRI
ARIXTRA	GAMUNEX	NEXAVAR	RIBAVIRIN	VANTAS**
ATGAM	GENOTROPIN	NORDITROPIN	RISPERDAL	VENOFER*
AVONEX	GLEEVEC	NOVANTRONE**	RITUXAN**	VENOGLOBUL
AZASAN	HEMIN*	NUTROPIN	ROFERON-A**	VENTAVIS
BETASERON	HUMATROPE	OCTAGAM	SAIZEN	VESANOID
BONIVA*	HUMIRA	OCTREOTIDE	SANDIMMUNE	VIADUR**
BOTOX	HYALGAN	OMNITROPE	SANDOSTATIN	VISUDYNE
CARIMUNE	HYCANTIN**	ORENCIA	SELZENTRY	VITRASERT*
CELLCEPT PO/ IV	IMMUNE GLOBULIN	ORTHOVISC	SENSIPAR	VIVAGLOBIN
CEREDASE	INCRELEX	PANGLOBULIN	SEROSTIM	VIVITROL
CEREZYME	InFED*	PANHEMATIN*	SIMULECT	WINRHO
COPAXONE	INFERGEN	PEGASYS	SOLIRIS*	XELODA
COPEGUS	INNOHEP	PEG-INTRON	SOMATULINE*	XOLAIR
CYCLOSPORINE	INTRON A**	POLYGAM	SOMAVERT	ZAVESCA*
CYTOGAM	IRESSA*	PRIALT	SPRYCEL	ZEMAIRA*
DEXFERRUM*	IVEEGAM	PROCRIT	SUPARTZ	ZENAPAX
ELAPRASE	KINERET	PROGRAF	SUPPRELIN*	ZOLADEX**
ELIGARD**	LEUKINE	PROLEUKIN	SUTENT	ZOLINZA
ENBREL	LEUPROLIDE**	PULMOZYME	SYNAGIS	ZORBTIVE
EPOGEN	LOVENOX	RAPAMUNE	SYNVISC	
EPOPROSTENOL	LUCENTIS	RAPTIVA	TARCEVA	
EUFLEXXA	LUPRON**	REBETOL	TASIGNA*	
EXJADE	LUPRON DEPOT**	REBIF	TEMODAR	
FABRAZYME	MACUGEN	RECLAST*	TEV-TROPIN	

\* Indicates the product is not provided by Caremark. Requests for these products should be faxed to Sunshine Health at 1-866-351-7388 Pharmacy Department or call Sunshine Health at 1-866-796-0530.

\*\* Indicates the product is exempt from the PA process if prescribed by an Oncologist

Note: Hematology Products, Blood Product, and Factors are not a covered benefit. The State administers the hemophilia program.