

"AT A GLANCE" Prior Authorization List PFK Medicaid Managed Care Plans

	CareSource	Molina	Unison
Service	CFC and ABD services	CFC services only	CFC services only
Ambulance/Non Emergency	Requires Prior authorization	Requires Prior Authorization	Requires prior authorization
	Does Not Requires Prior	Does Not Requires Prior	Does Not Requires Prior
Ambulance/Emergency	Authorization	Authorization	Authorization
		Does Not Require Prior	
Chemotherapy	Requires Prior Authorization	Authorization	Requires Prior Authorization
Cosmetic Surgery	Requires Prior Authorization	Requires Prior Authorization	Requires Prior Authorization
Custodial Care	Requires Prior Authorization Does Not Require Prior	Requires Prior Authorization Does Not Require Prior	Require Prior Authorization Does Not Require Prior
	Authorization if provided by	Authorization if provided by	Authorization if provided by
Dental: Routine	participating provider	participating provider	participating provider
Dental: Speciality	Requires Prior Authorization	Prior Authorization Required	Prior Authorization Required
. ,	Requires Prior Authorization,	Requires Prior Authorization,	Requires Prior Authorization,
	greater than \$750 requires prior	follows ODJFS DME supply rules	greater than \$300 requires prior
DME	authorization	and regulations	authorization
	Does Not Require Prior	Does Not Require Prior	Does Not Require Prior
Emergency Visit	Authorization	Authorization	Authorization
Homecare/Home Infusion	Requires Prior Authorization	Requires Prior Authorization	Requires Prior Authorization
Hospice Care	Requires Prior Authorization	Requires Prior Authorization	Requires Prior Authorization
		Requires Prior Authorization for	
Injectible Medications	Requires Prior Authorization	unlisted CPT code injectibles over \$500	Requires Prior Authorization
Immunizations	No Prior Authorization Required	No Prior Authorization Required	No Prior Authorization Required
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	Does Not Require Prior	Does Not Require Prior	Does Not Require Prior
	Authorization, requires notification	Authorization, requires notification	Authorization, requires notification
Inpatient Admission (Emergency)	within 24 hours of admission	within 24 hours of admission	within 48 hours of admission
Inpatient Admission (Elective)	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required
		Requires Prior Authorization if not	
	Requires Prior Authorization if not	seen by network provider. No	Requires Prior Authorization if not
	seen by network provider. No Prior	Prior Authorization required if	seen by network provider. No Prior
Behavioral Health	Authorization required if seen in community mental health facility	seen in community mental health facility	Authorization required if seen in community mental health facility
Deliavioral freatti	Community mental near racinty	Requires Prior Authorization for	community mental nealth facility
		greater than 30 visits, benefit limit:	
		combined total of 30 visits per	
	Referral Required, Benefit Limit 30	year for Physical and Occupational	
Occupational Therapy	per calendar year	Therapies.	Prior Authorization Required
	Does Not Require Prior	Does Not Require Prior	Does Not Require Prior
	Authorization if provided by	Authorization if provided by	Authorization if provided by
Office Vists, Routine	participating provider	participating provider Requires Prior Authorization,	participating provider
	Requires Prior Authorization,	referral from primary care	Requires Prior Authorization,
	referral from primary care physician		referral from primary care physician
Office Visits, Specialists	needed for treatment by specialist	specialist	needed for treatment by specialist
Out of Network Referrals/Providers	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required
	,	Requires Prior Authorization for	,
		greater than 30 visits, benefit limit:	
	Requires Prior Authorization,	combined total of 30 visits per	<u> </u>
Diversity of Theorem	referral needed, benefit limit	year for Physical and Occupational	_ ·
Physical Therapy	30/calendar year Requires Prior Authorization (MRI,	Therapies.	determine medical necessity
	MRA,CT, CTA scans, PET scan)	Requires Prior Authorization	Requires Prior Authorization (CT,
Radiology Services	www.radMD.com	(MRI, MRA, PET Scan, SPECT)	MRI, PET, SPECT)
Rehabilitation, Inpatient (Medical)	Requires Prior Authorization	Requires Prior Authorization	Requires Prior Authorization
Skilled Nursing Facility	Requires Prior Authorization	Requires Prior Authorization	Requires Prior Authorization
		Requires Prior Authorization, total	·
Speech Therapy	Requires Prior Authorization	of 30 visits per year.	Requires Prior Authorization
Substance Abuse/Chemical Dependency			
Inpatient	Requires Prior Authorization	Requires Prior Authorization	Requires Prior Authorization
	Dries Authorization Descript		
	Prior Authorization Required,		
Transplants	contact the Medical Management Transplant Coordinator	Peguires Prior Authorization	Peguires Prior Authorization
Transplants	тапэріані Соотишаюї	Requires Prior Authorization	Requires Prior Authorization
	Requires Prior Authorization,	Requires Prior Authorization,	Requires Prior Authorization,
Vision Services: Routine	benefit limit of 1 every 12 months	benefit limit of 1 per calendar year	benefit limit of 1 per calendar year
Vision Services: Specialty	Requires Prior authorization	Requires Prior Authorization	Requires Prior Authorization
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