

Tailored Plan Medicaid Managed Care

Procedures/Services	Inpatient Authorization	Ancillary Services
All procedures and services performed by out-of-network providers (except ER, urgent care, family planning and treatment of communicable disease).	All elective/scheduled admissions at least 14 business days prior to the scheduled date of admission (including deliveries). Note: Normal newborns do not require an authorization unless the level of care changes or the length of stay is greater than normal newborn.	Air Ambulance Transport (nonemergent fixed wing airplane).
Potentially Cosmetic including, but not limited to: • bariatric surgery • blepharoplasty • mammoplasty • otoplasty • rhinoplasty • septoplasty • varicose vein procedures	All services performed in out-of-network facility.	DME purchases costing \$500 or more, or rental of \$250 or more.
Experimental or investigational.	Hospice care.	Home healthcare services including home hospice, home infusion, skilled nursing, personal care services and therapy.
High Tech Imaging (i.e. CT, MRI, PET).	Rehabilitation facilities.	Orthotics/Prosthetics billed with an "L" code costing \$500 or more, or rental of \$250 or more.
Hysterectomy.	Skilled nursing facility.	
Oral Surgery.	Transplant related support services including pre-surgery assessment and post-transplant follow up care.	Hearing Aid devices and auditory implants.
Pain Management	Notification for all Urgent/Emergent Admissions: • Within one (1) business day following date of Admission. • Newborn deliveries must include birth outcomes.	Genetic Testing.