

**Miami Children's Health Plan**  
**Prior Authorization/Referral Requirements**  
**Effective: 12/1/18**

**All Non-Par Provider Requests Requires Authorization Regardless of Service**

**AUTHORIZATION REQUIREMENTS**

<p>All Inpatient Admissions</p> <ul style="list-style-type: none"> <li>• Acute hospital</li> <li>• Rehabilitation</li> <li>• Skilled Nursing Facilities</li> <li>• Long-term Acute Care</li> </ul>	<ul style="list-style-type: none"> <li>• Notification required within 24 hours of admission or next business day</li> <li>• Clinical updates required with continued stay</li> </ul>
<p>Advanced Imaging</p>	<p>Except when performed in conjunction with an emergency service or an approved inpatient/observation admission:</p> <ul style="list-style-type: none"> <li>• CT/CTA</li> <li>• MRI/MRA</li> <li>• PET/SPECT</li> <li>• Nuclear Medicine Studies</li> </ul>
<p>Allergy Testing</p>	<p>Except when performed by an Allergist or Pulmonologist</p>
<p>Behavioral Health</p>	<p>Contact Beacon Health at (888) 710-2313</p>
<p>Chemotherapy</p>	<p>Refer to Miami Children's Specialty Pharmacy Drug (Injectable) Prior-Authorization Requirements List</p>
<p>Cosmetic and Reconstructive Procedures</p>	
<p>Durable Medical Equipment</p>	<p>Contact Coastal Care Services (888) 481-0505</p>
<p>Experimental or Investigational Procedures and Treatments</p>	
<p>Hearing Aids</p>	
<p>Home Health Services &amp; Home Infusion</p>	<p>Contact Coastal Care Services (888) 481-0505</p>
<p>Hospice Care</p>	
<p>Hyperbaric Oxygen Therapy</p>	
<p>Intensive Cardiac and Pulmonary Rehabilitation Services</p>	
<p>Lab Services</p>	<p>Except those services performed by Quest Laboratories and those allowed in a participating physician's office. Please see MCHP In-Office Laboratory Test Guidelines.</p>
<p>Massage Therapy</p>	
<p>Molecular Diagnostic Testing</p>	<ul style="list-style-type: none"> <li>• DNA</li> <li>• Genetic Testing</li> </ul>
<p>Non-participating providers</p>	<p>Except:</p> <ul style="list-style-type: none"> <li>• Emergency Department</li> </ul>

	<ul style="list-style-type: none"> <li>Professional fees associated with ER visit and approved outpatient or inpatient stays</li> </ul>
OB services	<ul style="list-style-type: none"> <li>OB ultrasound beyond 2 per pregnancy</li> <li>Induction of labor prior to 39 weeks</li> <li>Scheduled C-sections, regardless of gestational age</li> <li>Non-Emergent Termination of pregnancy</li> </ul>
Observation Stays	<ul style="list-style-type: none"> <li>Beyond 48 hours</li> </ul>
Outpatient Surgical Procedures	<ul style="list-style-type: none"> <li>Except when performed in the office or ambulatory surgical center (ASC)</li> </ul>
Pain Management	
Post Discharge Meals	
Private Duty Nursing	Contact Coastal Care Services (888) 481-0505
Prosthetic/Orthotics, including Cranial Orthotics	
Radiation Therapy and Radiosurgery	
Sleep Studies	
Specialty Pharmacy Drugs	Refer to Miami Children's Specialty Pharmacy Drug (Injectable) Prior-Authorization Requirements List
Transplants	
Transportation	<ul style="list-style-type: none"> <li>Non-emergent air transportation</li> <li>Non-emergency ambulance</li> </ul>
Therapy (Physical/Occupational/Speech)	<ul style="list-style-type: none"> <li>Prior authorization after initial evaluation</li> </ul>
Vaccines - Adult Shingles Vaccine	Except for enrollees ages 50 and older
Vision related procedures	Contact iCare at (855)373-7627
<b>REFERRAL REQUIREMENTS</b>	
<b>Services that require prior authorization will not be reimbursed with a referral</b>	
Specialist Visits ( <b>Referral only</b> )	Referral from PCP required except for the following: <ul style="list-style-type: none"> <li>Chiropractor</li> <li>Dermatologist</li> <li>OB/GYN</li> <li>Ophthalmologist</li> <li>Optometrist</li> <li>Podiatrist</li> </ul>