



## Prior Authorization Requirements for Partnership, Medicaid SSI, Family Care, and Medicare Dual Advantage Programs

The following services, procedures or equipment are subject to prior authorization (PA) requirements (unless indicated as notification required only), under the applicable line of business. All services are subject to member eligibility, benefit plan coverage and medical necessity. When faxing a request, please attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request. This is a general list of service categories with prior authorization requirements for My Choice Wisconsin's Family Care, Partnership, Medicaid SSI, and Dual Advantage programs. This is not a comprehensive benefits list. Consult your My Choice Wisconsin contract for additional information.

**Coordination of Benefits for Partnership, Medicaid SSI, and Medicare Dual Advantage-** My Choice Wisconsin does not require prior authorization for outpatient services for secondary coverage, when Medicare or other commercial insurance is providing primary coverage consistent with DHS 107.02. NOTE: If Medicare or other primary insurance does not cover a service and you are seeking primary coverage from My Choice Wisconsin, all prior authorization requirements apply.

**Referrals to participating specialists** -- Providers are not required to obtain prior authorization from My Choice Wisconsin for referrals to My Choice Wisconsin participating specialists, unless otherwise noted below. This does not change the requirement that Partnership, Dual Advantage, and Medicaid SSI members must coordinate their care through their primary care physician (PCP).

**Out of Network**– All non-emergency services rendered by a provider outside of our network require prior authorization for primary coverage.

### To submit a prior authorization request\* *(for applicable services/programs):*

Visit [www.mychoicewi.org](http://www.mychoicewi.org) to complete the applicable My Choice Wisconsin Prior Authorization form. Fax the completed form and supporting documentation to 608-210-4050 *for applicable services/programs only.*

Customer Service Center  
1-800-963-0035  
Monday - Friday 8:00am – 4:30pm CST

### **\*All Family Care Services and Home & Community Based Waiver Covered Services for Partnership:**

All Family Care services and the Home & Community Based Waiver covered services under the Partnership program are subject to prior authorization through the Member's Care Team. Contact the Member's Care Team directly for prior authorization for these services, do not fax a request form to Utilization Review. If you require assistance in connecting with the Member's Care Team, contact the My Choice Wisconsin Customer Service Center at 1-800-963-0035.



## Prior Authorization Requirements Table of Contents

- [Inpatient Services](#)
- [Outpatient Services](#)
- [Dental Services](#)
- [Supplemental Medicare Benefits](#)
- [Outpatient Prescriptions](#)
- [Home and Community Based Waiver Services\\*](#)

*Clicking on the link above will take you directly to that section of this document.*

### **\*All Family Care Services and Home & Community Based Waiver Covered Services for Partnership:**

All Family Care services and the Home & Community Based Waiver covered services under the Partnership program are subject to prior authorization through the Member's Care Team.

Please contact the Member's Care Team directly for prior authorization. Do not fax a prior authorization request form to the Utilization Review department. If you require assistance in connecting with the Member's Care Team, contact the My Choice Wisconsin Customer Service Center at 1-800-963-0035.

**INPATIENT SERVICES\* PRIOR AUTHORIZATION REQUIRED?**

*In the event of an emergency admission, notification (including clinical information) supporting the need for admission is required on the next business day. A target length of stay will be determined and communicated to the provider. Additional clinical information (concurrent review) may be needed to assess length of stays that are longer than the initial authorization. Clinician-to-clinician reviews may be conducted during concurrent review. Review and planning of further care should occur prior to expiration of any current authorization. Concurrent reviews generally occur during normal business hours. Notification of discharge date and discharge plan is required at the time of discharge.*

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Acute rehabilitation facility	Yes - See Additional Clarification	Yes - See Additional Clarification	Yes - See Additional Clarification	Not Covered by My Choice Wisconsin	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)
Inpatient and Observation—Medical and Psychiatric	Yes - See Additional Clarification	Yes - See Additional Clarification	Yes - See Additional Clarification	Not Covered by My Choice Wisconsin	<b>For urgent admissions, notification is required</b> no later than the next business day. Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)  Elective admissions require prior authorization.
Mental Health and Substance Abuse: Residential SUD Tx H0018	Not Covered by My Choice Wisconsin	Not Covered by My Choice Wisconsin	Not Covered by My Choice Wisconsin	Not Covered by My Choice Wisconsin	Residential SUD benefit is carved out of the HMO and reimbursed under the Medicaid member’s Forward Health card on a fee-for-service basis. Providers should follow all Prior Auth requirements according to the <a href="#">Forward Health Provider handbook policy</a> on Residential SUD Tx.
Sub-Acute Psychiatric Communitybased Center Services (H0018)- Crisis Stabilization	Not Covered by My Choice Wisconsin	Not Covered by My Choice Wisconsin	Yes	Not Covered by My Choice Wisconsin	Partnership and Family Care crisis stabilization services are covered through a members Forward Health card on a fee-for-service basis.
Hospice facility	Yes - See Additional Clarification	No - See Additional Clarification	Yes	Not Covered by My Choice Wisconsin	Partnership and Medicare Dual Advantage- Original Medicare pays for hospice services for Medicare eligible members who elect the Medicare hospice benefit. In these situations, notification is requested. Prior authorization is required for Hospice services for Members without Medicare coverage.
ICF-IID	Yes - See Additional Clarification	Not covered by this benefit plan	Not covered by My Choice Wisconsin	Yes - Contact Care Team for authorization	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)  Physical, Occupational, and Speech Therapies provided under a Medicaid covered Skilled Nursing Facility stay require prior authorization for treatment.
Long-term acute care hospital (LTACH)	Yes - See Additional Clarification	Yes - See Additional Clarification	Yes - See Additional Clarification	Not Covered by My Choice Wisconsin	Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)

INPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service		Partnership		Medicare Dual Advantage		Medicaid SSI		Family Care		Additional Clarification	
IMD Hospitalizations		Yes - See Additional Clarification		Yes - See Additional Clarification		Yes - See Additional Clarification		Not Covered by My Choice Wisconsin		<p><b>Urgent admissions- Notification required</b> no later than the next business day. Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)</p> <p>Partnership and Family Care– Members age 21-64 are disenrolled upon admission.</p> <p>Partnership Dual Eligible Members may still have coverage under the Medicare Benefit with My Choice Wisconsin following disenrollment from the Partnership Medicaid.</p>	
Skilled nursing facility		Yes - See Additional Clarification		Yes		Yes - See Additional Clarification		Yes - Contact Care Team for authorization		<p>Additional clinical information may be needed for length of stays that are prolonged after the initial length of stay authorization approval. (Concurrent Review)</p> <p>Notification to the plan is required for any change in stay level such as from a Skilled stay to Custodial.</p> <p>Physical, Occupational, and Speech Therapies provided under a Medicaid covered Skilled Nursing Facility stay require separate prior authorization for treatment. Prior Authorization is required upon initiation of therapy services.</p>	

OUTPATIENT SERVICES PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Abortion	Yes - See additional clarification	Yes	Yes - See additional clarification	Not covered by My Choice Wisconsin	Subject to Wisconsin Medicaid rules. The following documentation is required: Abortion Certification Statement or similar form attesting to one of the conditions of coverage.
Acupuncture	Yes - See additional clarification	Yes - See additional clarification	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Partnership & Medicare Dual Advantage: Prior Auth required. Up to 12 visits in 90 days can be covered for Medicare Beneficiaries with a dx of chronic low back pain as defined by Medicare following the Medicare NCD
Adaptive Aids	Yes - Contact Care Team for authorization	Not covered by My Choice Wisconsin	Yes - See additional clarification	Yes - Contact Care Team for authorization	PA required per guidelines under Topic #1839 in Forward Health Provider Handbook for SSI Managed Care
Ambulance-Emergency transport	No	No	No	Not covered by My Choice Wisconsin	
Ambulatory/Outpatient Surgery	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Yes- PA required unless on the Outpatient Procedure Prior Authorization Exception List	Not covered by My Choice Wisconsin	See the <a href="#">OutPatient Procedure Exception List</a>
Audiology	No	No	No	Not covered by My Choice Wisconsin	See service type "Hearing Aids" for specific prior authorization requirements for hearing aids.
Cardiac rehabilitation	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes - Contact Care Team for authorization	
Chiropractic care	Yes - See additional clarification	Yes - See additional clarification	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Prior authorization is required for services beyond the initial visits and 20 spinal manipulations per spell of illness. A new spell of illness must start, at a minimum, 30 days after the end of the previous spell of illness <a href="#">Chiropractic Prior Authorization Request Form</a>
Continuous Glucose Monitor and supplies	Yes	Yes	Yes	Yes - Contact Care Team for authorization	

OUTPATIENT SERVICES PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Diabetes Prevention Program (Medicare)	Yes - See additional clarification	Yes - See additional clarification	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Core sessions (G9873-G9879) require prior authorization. Submit Prior Authorization using the <a href="#">Procedure and Imaging Prior Authorization Request Form</a>
Diabetes self-management training	No	No	No	Not covered by My Choice Wisconsin	This service includes outpatient diabetes self-management training (DSMT) to teach members to cope with and manage their diabetes.
Diabetes services: diabetic shoes, foot orthotics	See additional clarification	See additional clarification	See additional clarification	Yes - Contact Care Team for authorization	<b>Partnership and Medicare Dual Advantage:</b> PA required for exceptions to Basic Coverage: for Diabetics with foot disease-1 pair of therapeutic custom-molded or depth shoes and 3 sets of inserts per calendar year. <b>Medicaid SSI-</b> Coverage criteria follows the "Diabetic Shoes and Inserts" coverage criteria available from Forward Health.
Diabetic testing supplies—glucometer, test strips, and lancets	See additional clarification	See additional clarification	Not covered by My Choice Wisconsin	Yes - Contact Care Team for authorization	<b>Partnership</b> - No PA required. Physician order is required. Supplies can be obtained through a contracted provider. Claims are not submitted to Elixir, but instead, are submitted on a medical claim to My Choice Wisconsin. <b>Medicare Dual Advantage</b> - Authorization is required for non-preferred products or supplies over quantity limits. Preferred products: Freestyle/Precision and OneTouch meters and test strips up to 6 strips/day. All preferred products will auto-pay at the point-of-sale without an authorization in place. There will be a quantity limit of 6 test strips per day. Non-preferred products will reject at the point-of-sale and will require an approval from the plan to pay. <b>Medicaid SSI-</b> Diabetic testing supplies are covered by Forward Health under the Forward Health Pharmacy benefit. Syringes, alcohol, insulin pen needles— See Insulin Administration Supplies
Dialysis services and supplies	No	No	No	Not covered by My Choice Wisconsin	

OUTPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification						
Disposable medical supplies (DMS)	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Yes - Contact Care Team for authorization	<p><b>Medicaid SSI and Partnership:</b> See the <a href="#">DMS Exception List</a> for supplies that do not require prior authorization. For all other items, prior authorization is required for:</p> <p>A) All DMS items that are not used for their intended purpose;            B) All DMS that exceed the Medicaid maximum quantity limits listed in the <a href="#">DMS maximum allowable fee schedule</a>;            C) Prescribed DMS that are not included in the DMS max fee schedule</p> <p><b>Medicare Dual Advantage:</b> Medically necessary ostomy supplies for members who have had a colostomy, ileostomy, or urinary ostomy, and wound care supplies are covered consistent with Original Medicare and do not require prior authorization</p>						
Durable medical equipment and repairs (DME)	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Yes - Contact Care Team for authorization	<p>Prior authorization is required for requests for primary coverage for purchases over \$300* per unit, requests for DME that does not have an established rate* (such as E1399), rentals for Medicaid or Medicare covered DME over one month (31 days), and labor in excess of 8 units. See the <a href="#">Durable Medical Equipment, Prosthetics, and Orthotics Prior Authorization Guide</a> for more information.</p> <p><small>*based on Medicaid/Medicare reimbursement rate</small></p>						
Emergency Care	No - See additional clarification	No - See additional clarification	No - See additional clarification	Not covered by My Choice Wisconsin	<p><b>Partnership and Medicare Dual Advantage -</b> Emergency care is not covered outside the U.S. and its territories.</p> <p><b>Medicaid SSI –</b> Emergency services provided outside the US: My Choice Wisconsin will cover the service, provided the doctor, clinic or hospital uses a financial institution based in the United States.</p>						
Enteral and Parenteral nutrition therapy	Yes	Yes	Yes	Yes - Contact Care Team for authorization	<p>See the <a href="#">Enteral and Parenteral Nutrition Therapy Prior Authorization Guide</a> for more information</p> <p><b>SSI-</b> Coverage consistent with FFS Medicaid</p>						

OUTPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification						
Family planning services/ Reproductive Health	No - See additional clarification	No - See additional clarification	No - See additional clarification	Not covered by My Choice Wisconsin	Fertility services are <b>not covered</b> , including artificial insemination, infertility counseling, infertility testing, reversal of female sterilization, fertility enhancing drugs, vasectomy reversal, other fertility enhancing services/office visits/consultation, impotence devices/services, testicular prosthesis, surrogate parenting.  <b>Medicare Dual Advantage only</b> – Coverage consistent with original Medicare						
Health Check screenings for children (under 21)	No	No - See additional clarification	No	Not covered by My Choice Wisconsin	Coverage consistent with original Medicare's yearly wellness visit						
Hearing aids, Hearing aids replacements and hearing aids accessories including batteries	Yes	Not covered by this benefit plan	Yes	Not covered by My Choice Wisconsin	<b>Partnership and Medicaid SSI</b> - Hearing aids may be authorized following clinical review of the Medicaid HCPCS code submitted. Hearing aid models allowed align with models noted in the <a href="#">Forward Health handbook</a> .  Hearing aid batteries follow the limits on the Medicaid DMS maximum allowable fee schedule. See the Disposable Medical Supply section of this document for more information.						
Hearing aid fitting and refitting and hearing aid repairs	No	Not covered by this benefit plan	No	Not covered by My Choice Wisconsin							
Home Health Services	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Yes - Contact Care Team for authorization	No prior authorization is needed for evaluation and initial 8 home health visits, per discipline. For additional information see The <a href="#">Medicaid Home Health Prior Auth Resource</a> and the <a href="#">Medicare Home Health Prior Authorization Resource</a> .						
Hospice Services	Yes - See additional clarification	See additional clarification	Yes - See additional clarification	Not covered by My Choice Wisconsin	<b>Partnership and Medicare Dual Advantage</b> - Original Medicare pays for hospice services for Medicare eligible members who elect the Medicare hospice benefit. In these situations, notification is requested.  Prior authorization is required for Medicaid covered Hospice services.						



OUTPATIENT SERVICES PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Immunizations/Vaccines, including but not limited to: *Influenza *Hepatitis B *Shingles *Pneumococcal vaccines	No - See additional clarification	No - See additional clarification	No - See additional clarification	Not covered by My Choice Wisconsin	<p><b>Partnership Dual and Medicare Dual Advantage</b> – Coverage is consistent with original Medicare Part B including: •Hepatitis B vaccine (for patients at high or intermediate risk), Influenza virus vaccine, Coronavirus vaccine, Pneumococcal pneumonia vaccine •Vaccines directly related to the treatment of an injury or direct exposure to a disease or condition such as Tetanus vaccine following potential exposure Consult the <a href="#">My Choice Wisconsin Formulary</a> for additional vaccine coverage. Non-formulary vaccines provided by a pharmacy require prior authorization. These vaccines do not require a PA when administered by a physician in an office setting.</p> <p><b>SSI and Partnership MA-only</b> No authorization when administered as a medical service in a physician's office. Vaccines administered by a pharmacy provider revert to Medicaid Fee-for-Service (Forward Health)</p>
Incontinence products	No	Not covered by this benefit plan	No	Yes - Contact Care Team for authorization	No prior authorization required for Medicaid covered supplies. Physician order is required. Miscellaneous codes require prior authorization.
Mental health and substance abuse: outpatient Neuro-psychological and psychological testing	No	No	No	Yes - Contact Care Team for authorization	
Mental health and substance abuse: Psychotherapy- outpatient visits including home visits	No - See additional clarification	No - See additional clarification	No - See additional clarification	Yes - Contact Care Team for authorization	PA is not required; however please fax a copy of the treatment plan with accompanying diagnosis prior to the 4th visit
Mental health and substance abuse: programs including day treatment, partial hospitalization, intensive outpatient programs	Yes	Yes	Yes	Yes - Contact Care Team for authorization	
Mental health and substance abuse: community support program	Yes - Contact Care Team for authorization	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Yes - Contact Care Team for authorization	

OUTPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification						
Mental Health and Substance Abuse: Residential SUD Tx H0018	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Not covered by My Choice Wisconsin	Residential SUD benefit is carved out of the HMO and reimbursed under the Medicaid member's Forward Health card on a fee-for-service basis. Providers should follow all Prior Auth requirements according to the <a href="#">Forward Health Provider handbook</a> policy on Residential SUD Tx.						
Non-emergent surgeries and procedures	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Not covered by My Choice Wisconsin	Prior authorization is required unless the surgery/procedure is listed on the <a href="#">Outpatient Procedure Prior Authorization Exception List</a> .						
Occupational therapy, Outpatient (OT)  NOTE: For in-home OT, see Home Health Services	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes - Contact Care Team for authorization	<p>No prior authorization required for the evaluation and 8 sessions per episode of care for members residing in a community setting.</p> <p>Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services.</p> <p>Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care.</p> <p>Therapies performed for members residing in a Skilled Nursing Facility require separate prior authorization from start of care.</p> <p>For outpatient service authorization requests for members residing in a community setting, please use the Outpatient Therapy/Cardiac/Pulmonary Rehab Prior Auth Request Form</p>						
Opioid Treatment Programs to deliver opioid use disorder services/Narcotic Treatment Services	No	No	No	Not covered by My Choice Wisconsin	<b>Partnership Medicare and Medicare Dual Advantage –</b> Services are billable under G1067- G2080 and subject to the coverage criteria established by original Medicare. For more information see the <a href="#">Medicare Billing and Payment Fact Sheet</a>						

OUTPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification						
Orthotics  NOTE: For diabetic shoes and inserts, see service category: Diabetes services: diabetic shoes, foot orthotics	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Yes - Contact Care Team for authorization	Prior authorization is required for requests for primary coverage for purchases over \$300* per unit, and for requests for items that do not have an established Medicaid/Medicare rate.  <b>*based on Medicaid/Medicare reimbursement rate</b>						
Outpatient laboratory services	No - See additional clarification	No - See additional clarification	No - See additional clarification	Not covered by My Choice Wisconsin	PA not required for outpatient labs, except: <ul style="list-style-type: none"> <li>• Genetic testing when NOT billed in conjunction with amniocentesis.</li> <li>• Prenatal quadruple test or AFP (alpha- fetoprotein),</li> <li>• HCG (human chorionic gonadotropin)</li> <li>• Estriol when provided in conjunction with bone marrow biopsy</li> </ul>						
Oxygen and oxygen supplies	No - See additional clarification	No - See additional clarification	No - See additional clarification	Yes - Contact Care Team for authorization	Prior authorization is not required for oxygen, oxygen concentrator, or portable oxygen system. A notification of services is required.  For all other respiratory equipment and supplies, see authorization requirements: "Durable Medical Equipment and Disposable Medical Supplies" .						
Personal Care Services	Yes - Contact Care Team for authorization	Not covered by this benefit plan	Yes - See additional clarification	Yes - Contact Care Team for authorization	<b>Medicaid SSI program only</b> – See the <a href="#">Medicaid Personal Care Prior Authorization Guide</a> for more information.						

OUTPATIENT SERVICES		PRIOR AUTHORIZATION REQUIRED?			
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Physical therapy, Outpatient (PT)  NOTE: For in-home PT, see Home Health Services	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes - Contact Care Team for authorization	<p>No prior authorization required for the evaluation and 8 sessions per episode of care for members residing in a community setting.</p> <p>Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care.</p> <p>Therapies performed for members residing in a Skilled Nursing Facility require separate prior authorization from start of care.</p> <p>For outpatient service authorization requests for members residing in a community setting, please use the <a href="#">Outpatient Therapy/Cardiac/ Pulmonary Rehab Prior Authorization Request Form</a></p>
Physician/Practitioner Services including specialty services	No - See additional clarification	No - See additional clarification	No - See additional clarification	Not covered by My Choice Wisconsin	Exception: PA required for out of network services and home visits
Physician/Practitioner Home and Domiciliary Visits	Yes	Yes	yes	Not covered by My Choice Wisconsin	Prior Auth is required for all visits rendered in the home at the start of care. Providers may reference the <a href="#">Physician Home and Domiciliary Visit Resource</a> on the website for more information.

OUTPATIENT SERVICES PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Physician administered medications including outpatient injectable chemotherapy and related cancer therapies	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Not covered by My Choice Wisconsin	<p>Prior authorization is required for the following codes: J0135, J0180, J0221, J0348, J0585, J0586, J0587, J0588, J0598, J0881, J0897, J1458, J1786, J1931, J2020, J2323, J2326, J2327, J2783, J3465, J3490, J3590, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7999, J9023, J9032, J9035, J9041, J9179, J9203, J9228, J9271, J9285, J9299, J9305, J9310, J9315, J9352, J9354</p> <p><b>Medicaid SSI and Partnership Medicaid only</b>– Please consult Forward Health for information on <a href="#">The Physician Administered Drug Carve Out Policy</a>.</p> <p><b>Partnership Dual Eligible and Dual Advantage only</b>- For more information on Medicare Part B physician administered medication coverage, please consult the <a href="#">CMS website</a>.</p> <p>All physician-administered medications that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code will require prior authorization</p>
Podiatry Services	No - See additional clarification	No - See additional clarification	No - See additional clarification	Not covered by My Choice Wisconsin	Prior Authorization required for podiatric surgery not performed in a doctor's office or Skilled Nursing Facility
Prenatal care/Maternity Services including Nurse-Midwife Services	No	No	No	Not covered by My Choice Wisconsin	Includes Prenatal Care Coordination Care (PNCC) and preventative mental health and substance abuse screening and counseling

OUTPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification						
Preventative Services and Screenings	No	No	No	Not covered by My Choice Wisconsin	Includes: abdominal aortic aneurysm screening; alcohol misuse counseling; bone mass measurement; breast cancer screening (mammogram) including 3-D mammography; cardiovascular screenings; cervical and vaginal cancer screenings; colonoscopy; colorectal cancer screenings; depression screening; diabetes screenings; fecal occult blood test; flexible sigmoidoscopy; glaucoma screening; Hepatitis C screening; HIV screening; medical nutrition screening; obesity screening and counseling; prostate cancer screening (PSA); sexually transmitted infections screening and counseling; tobacco use cessation counseling; "welcome to Medicare" preventative visit (one-time); yearly "wellness" visit						
Private Duty Nursing	Yes	Not covered by this benefit plan	Yes	Yes - Contact Care Team for authorization							
Prosthetic Services and devices	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Not covered by My Choice Wisconsin	<p>Prior authorization is required for requests for primary coverage for purchases over \$300* per unit, and for requests for items that does not have an established Medicaid/Medicare rate</p> <p><b>Medicare Dual Advantage</b> – Includes devices (other than dental) that replace all or part of a body part or function. For ostomy supplies directly related to ostomy care, refer to the section "Disposable Medical Supplies"</p> <p><small>*based on Medicaid/Medicare reimbursement rate</small></p>						
Pulmonary rehabilitation	Yes- PA required after 8 visits	No	No	Not covered by My Choice Wisconsin							
Radiology Services	No - See additional clarification	No - See additional clarification	No - See additional clarification	Not covered by My Choice Wisconsin	No prior authorization required EXCEPT for: MRI, MRA, PET scans, SPECT scans, CT scans, CTA scans, Cardiac CT scans for calcium scoring						
Respiratory care for ventilator- assisted recipients	Yes	Not covered by this benefit plan	Yes	Yes - Contact Care Team for authorization							

OUTPATIENT SERVICES						PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification						
Skilled nursing services	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Yes - Contact Care Team for authorization	<p>No prior authorization is required for the first 8 visits per episode of care. An Episode of Care is defined as the time that a member is under treatment for any combination of evaluation and direct skilled services by an RN or LPN. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge from services is considered within the same episode of care. Treatment of multiple distinct conditions during the same time period is considered within the same episode of care.</p> <p><b>Medicare Dual Advantage</b> – Skilled nursing services may be covered under home health services consistent with original Medicare</p>						
<p>Speech and language pathology services</p> <p>For in-home Speech Therapy, see Home Health Services</p>	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes- PA required after 8 visits	Yes - Contact Care Team for authorization	<p>No prior authorization required for the evaluation and 8 sessions per episode of care for members residing in a community setting. Episode of Care is defined as the time that a member is under treatment by an individual discipline for outpatient therapy. A new episode of care may be initiated 30 days following the discharge of the member from services. Treatment within 30 days from a discharge of treatment requires prior authorization. Treatment of multiple distinct conditions during the same time period is considered within the SAME episode of care. Therapies performed for members residing in a Skilled Nursing Facility require separate prior authorization from start of care. For outpatient service authorization requests for members residing in a community setting, please use the <a href="#">Outpatient Therapy/Cardiac/ Pulmonary Rehab Prior Authorization Request Form</a></p>						
Transplant Services	Yes	Yes	Yes - See additional clarification	Not covered by My Choice Wisconsin	<p><b>Medicaid SSI only</b> - Covers corneal, kidney, liver, heart, lung, heart-lung, pancreas and pancreas-kidney transplants only. Medicaid coverage for all other transplant types reverts to the State and the member is permanently disenrolled from the HMO.</p>						

Treatment Radiology	No - See additional clarification	No - See additional clarification	No - See additional clarification	Not covered by My Choice Wisconsin	No prior authorization required for treatment radiology and Chemotherapy covered under original Medicare or Fee-for-Service Medicaid.
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**OUTPATIENT SERVICES PRIOR AUTHORIZATION REQUIRED?**

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Vision Care - Eyeglasses	No - See additional clarification	No- See additional clarification and also see section on Supplemental Medicare Benefits	No - See additional clarification	Not covered by My Choice Wisconsin	<p>EyeQuest reviews prior authorizations for My Choice Wisconsin for eyeglass components outside of what is covered under basic fee-for-service Medicaid.</p> <p><b>Contact EyeQuest:</b></p> <ul style="list-style-type: none"> <li>• phone: 844-824-2014</li> <li>• fax: 888-696-9552</li> </ul> <p>Authorization is required for the following codes: S0516, V2118, V2218, V2318, V2744, V2745, V2755, V2762, V2782-V2784, V2799.</p> <p>Noncovered Vision Services as indicated by fee for service Medicaid: anti-glare coating, spare eyeglasses, sunglasses, services for convenience or cosmetic reasons</p> <p><b>Partnership and SSI Medicaid:</b> No prior authorization for examination to diagnose and/or treat. Basic eyeglass coverage consistent with fee-for-service Medicaid: 1 pair of glasses/frames and one replacement pair, per new prescription per 12-month period. No PA for minor repairs to eyeglasses, lenses, and frames. Certain types of contact lenses may be covered under Medicaid for members with a diagnosis of aphakia or keratoconus. See the online provider handbook at Forward Health for allowable codes.</p> <p><b>Medicare Dual Advantage:</b> Coverage for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. See also Supplemental Medicare Benefits for additional vision coverage under this plan</p>
Vision Care - Ophthalmology	Yes	Yes	Yes	Not Covered by My Choice Wisconsin	Services may include surgical procedures, physician administered medications, lens implants, etc.

**DENTAL SERVICES PRIOR AUTHORIZATION REQUIRED?**

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Dental: Oral and maxillofacial surgery, including TMJ Surgery	Yes - See additional clarification	Yes - See additional clarification	Yes - See additional clarification	Not covered by My Choice Wisconsin	<p><b>Medicaid SSI-</b> Dental Services are covered by My Choice Wisconsin in Kenosha, Milwaukee, Ozaukee, Racine, Waukesha, and Washington Counties ONLY. For members outside of these counties, dental care is covered by Forward Health. My Choice Wisconsin does not cover the dentist portion of the claim or any portion of the claim where oral surgery is performed in an office setting. Those services are covered by Forward Health. My Choice Wisconsin is responsible for all ancillary services to the dentist when the procedure does not take place in an office setting.</p> <p><b>Medicare Dual Advantage</b> – Coverage is consistent with Original Medicare including dental services that are an integral part of a covered procedure (e.g., reconstruction of the jaw following accidental injury). Supplemental Dental benefit information can be found in the SupplementalBenefit section of this document. For a list of dental services requiring prior authorizations please visit <a href="http://www.dentaquest.com">www.dentaquest.com</a>. (login ID and password required).</p> <p>DentaQuest processes prior authorizations for My Choice Wisconsin Visit <a href="http://www.dentaquest.com">www.dentaquest.com</a> for more information or to submit a prior authorization request:                      •Via Fax: (262) 834-3589                      •Direct entry on the web – <a href="http://www.dentaquest.com">www.dentaquest.com</a> (login ID and password required)</p>
Dental: Medicaid covered dental services	Yes - See additional clarification	Not Covered by My Choice Wisconsin	Yes - See additional clarification	Not covered by My Choice Wisconsin	<p><b>Medicaid SSI-</b> Dental Services are covered by My Choice Wisconsin in Kenosha, Milwaukee, Ozaukee, Racine, Waukesha, and Washington Counties ONLY. For members outside of these counties, dental care is covered by Forward Health.</p> <p>For a list of dental services requiring prior authorizations please visit <a href="http://www.dentaquest.com">www.dentaquest.com</a>. (login ID and password required)</p> <p>DentaQuest processes prior authorizations for My Choice Wisconsin. Visit <a href="http://www.dentaquest.com">www.dentaquest.com</a> for more information or to submit a prior authorization request:                      •Via Fax: (262) 834-3589                      •Direct entry on the web – <a href="http://www.dentaquest.com">www.dentaquest.com</a> (login ID and password required)</p>

SUPPLEMENTAL MEDICARE BENEFITS PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
Supplemental Preventive and Comprehensive Dental including diagnostic (D0100-D0999), preventive (D1000-D1999), restorative (D2000-D2999), and denture (D5110-D5114; D5211-5214; D5221-5228; D5863-5866; and D5876) coverage up to \$2500 per calendar year.	N/A	Yes	N/A	N/A	This benefit is administered through DentaQuest. For more information call 855-453-5287 or visit <a href="http://www.dentaquest.com">www.dentaquest.com</a> .  My Choice Wisconsin Medicare Dual Advantage Members are eligible for Medicaid covered dental services through their Medicaid coverage. Confirm Medicaid eligibility and benefits through the Forward Health Portal.
Personal Emergency Response System (PERS) Medicare Supplemental Benefit	N/A	No - See additional clarification	N/A	N/A	Members should contact their Care Coordinator for more information.  <b>Partnership and Family Care</b> – The PERS Medicare Supplemental benefit is not covered under these plans, but a PERS may still be covered. See the Home and Community Based Waiver Services section of this document for details.
Supplemental Vision Services- Up to \$150 per calendar year for eyewear including eyeglass lenses, eyeglass frames, eyewear upgrades, and contact lenses	N/A	Yes	N/A	N/A	This benefit is administered through EyeQuest. For authorization and claims information, contact them <ul style="list-style-type: none"> <li>• by phone: 844-824-2014</li> <li>• by fax: 888-696-9552</li> </ul> For coverage of glasses post-cataract surgery and for ophthalmological service coverage, see the outpatient Vision Services section
Over-the-Counter (OTC) Supplemental Benefit	N/A	No - See additional clarification	N/A	N/A	The Medicare Dual Advantage OTC benefit allows members to make purchases of up to \$155 once per month from the OTC catalog and unlimited times/month in participating retail locations. Unused amounts will roll over to the next month (however, must be used in the same calendar year). Order Form and Catalog can be found at <a href="http://www.mychoicewi.org">www.mychoicewi.org</a>

SUPPLEMENTAL MEDICARE BENEFITS		PRIOR AUTHORIZATION REQUIRED?			
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
<p>Home &amp; Bathroom Safety Devices and Modifications</p> <p>Coverage includes an annual benefit of \$300 each year toward the following services: Grab bars, Shower chairs, Bathtub benches, Raised toilet seats, Toilet chairs, Handheld shower heads</p>	N/A	No - See additional clarification	N/A	N/A	There is no coinsurance, copayment, or deductible for the home & bathroom safety devices and modifications benefit. Members should contact their Care Coordinator for more information.
<p>Readmission Prevention Services</p> <ul style="list-style-type: none"> <li>•Two meals per day for up to 28 days (maximum of 56 meals) following inpatient hospital or SNF stay</li> <li>•An unlimited number of events/occurrences are covered in the calendar year</li> </ul>	N/A	Yes	N/A	N/A	<p>There is no coinsurance, copayment, or deductible for readmission prevention services. Members should contact their Care Coordinator for assistance.</p> <p>Discharging facility staff, please complete and submit the <a href="#">Readmission Prevention Supplemental Meals Benefit Form</a>.</p>

OUTPATIENT PRESCRIPTIONS						PRIOR AUTHORIZATION REQUIRED?					
Service		Partnership		Medicare Dual Advantage		Medicaid SSI		Family Care		Additional Clarification	
<p><b>Submit a prior authorization for outpatient prescriptions</b></p> <p>To ask for a Coverage Determination or Exception for prescription drugs under Medicare Part D, you may need to complete the <a href="#">Medicare Prescription Drug Coverage Determination Form</a>. You may also ask us for a coverage determination by phone at 1-800-963-0035 or online at the <a href="#">Prompt PA website</a>. The PromptPA website lets you and your health care providers submit Coverage Determination/Prior Authorization requests online for your prescription drugs. You can also see the status and outcome of these requests on the site.</p>											
Prescription medications		<a href="#">Medicare Part D Partnership Formulary</a>		<a href="#">Medicare Dual Advantage Part D Formulary</a>		Not covered by My Choice Wisconsin		Not covered by My Choice Wisconsin		<p>Pharmacy benefits are administered by Elixir. Some prescriptions are subject to step therapy, quantity limits, and prior authorization requirements. For more information, see the program specific formulary.</p> <p><b>Medicaid SSI, Partnership Medicaid Only, and Family Care:</b> My Choice Wisconsin does not cover this benefit. Prescription and certain over-the-counter items are covered by Forward Health.</p>	
Over-the-counter medications		See additional clarification		See Supplemental Medicare Benefits page for details		OTC medications are not a covered benefit		See additional clarification		<p><b>Partnership, Family Care:</b> OTC medications on the <a href="#">Medicaid Supplemental Formulary</a> are covered through Forward Health (FC, Partnership Medicaid) or My Choice Wisconsin (Partnership Medicare). <u>Non-formulary</u> OTC may be covered and must be submitted as a medical claim. Please contact the member's care team to request prior authorization.</p>	
Insulin Administration Supplies— syringes, alcohol, insulin pen needles		No- See additional clarification		No- See additional clarification		Not covered by My Choice Wisconsin		Yes - contact the Care Team for authorization		<p><b>Partnership and Medicare Dual Advantage:</b> Part D Pharmacy benefits are administered by Elixir.</p> <p><b>Partnership Medicaid only (Members without Medicare):</b> No PA required; supplies can be obtained through a contracted provider. Claims for insulin administration supplies must submitted as a <u>medical claim</u> to My Choice Wisconsin claims processor, not as a pharmacy transaction to the pharmacy benefits manage, Elixir.</p> <p><b>Medicaid SSI:</b> My Choice Wisconsin does not cover this benefit. It is covered by Forward Health.</p>	

**HOME AND COMMUNITY BASED WAIVER SERVICES PRIOR AUTHORIZATION REQUIRED?**

Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
<p><b>*All Family Care services and Home &amp; Community Based Waiver covered services under the Partnership program are subject to prior authorization through the Member's Care Team. Contact the Member's Care Team directly for prior authorization for these services; do not fax a request form to the UR team. If you require assistance connecting with the Member's Care Team, contact our Customer Service Center at 1-800-963-0035</b></p>					
Adaptive Aids	Yes*	Not covered by this benefit plan	See Outpatient Services: Adaptive Aids section for detail	Yes*	
Adult Day Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Assistive technology / communication aids	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Consultative Clinical & Therapeutic Services for Caregivers	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Consumer Education and Training	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Counseling and Therapeutic Resources	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Community Support Program	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Environmental accessibility adaptations (home modifications)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Financial Management Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Habilitation Services including: Daily living skills training and day habilitation	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Home Delivered Meals	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Housing Counseling	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Personal emergency response system (PERS)	Yes*	Yes- See the Supplemental Benefit section for details	Not covered by this benefit plan	Yes*	
Prevocational Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Relocation Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	

HOME AND COMMUNITY BASED WAIVER SERVICES PRIOR AUTHORIZATION REQUIRED?					
Service	Partnership	Medicare Dual Advantage	Medicaid SSI	Family Care	Additional Clarification
*All Family Care services and Home & Community Based Waiver covered services under the Partnership program are subject to prior authorization through the Member's Care Team. Contact the Member's Care Team directly for prior authorization for these services; do not fax a request form to the UR team. If you require assistance connecting with the Member's Care Team, contact our Customer Service Center at 1-800-963-0035					
Residential Services including long term nursing home placement	Yes* see additional clarification	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	Partnership: For custodial stays in a nursing facility under the Partnership program, please submit the <a href="#">Skilled Nursing Facility (SNF) and Long Term Acute Care Prior Authorization Request Form</a>
Respite Care Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Self-directed Personal Care Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Specialized Medical Equipment and Supplies (not covered under the Medicaid State Plan)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Support Broker	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Supported Employment Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Supportive Home Care (SHC) Services	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Training Services for Unpaid Caregivers	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Non-emergency Transportation Services: Common Carrier and Specialized; medical and non-medical	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	
Vocational futures planning and support (VFPS)	Yes*	Not covered by this benefit plan	Not covered by this benefit plan	Yes*	