



MHC's Medical Policies & Clinical Prior Authorization and Utilization Management (PA/UM) Guidelines

Welcome to MHC's Medical Policies & Clinical Prior Authorization and Utilization Management (PA/UM) Guidelines, developed in conjunction with University of Utah Health Plans (UUHP). Below is a general overview of PA/UM Guidelines. Refer to the MHC code listing for a particular code look up.

If pre-authorization is not performed prior to a service, the service will be reviewed post-service and may be denied for payment if it is a non-covered service or does not meet medical necessity. It is encouraged that you reference the member's coverage documents to assure the services being performed are a benefit of the member's plan.

We ask that you submit your request by completing the PA/UM Request Form and the necessary clinical information for us to expedite your request. The UM Request Form is located at on MHC's website. www.mhc.coop, under the Providers tab, looking at the section on Policies and Forms.

Category:

Administrative:

- General information about Montana Health CO-OP and Mountain Health CO-OP (MHC): www.mhc.coop

Inpatient services: Prior Authorization required.

- Send MHC a copy of the face sheet upon admission
- MHC will provide approval, disapproval or requirements for an approval letter.
- Provide MHC notification of discharge and a follow up care plan.
- No prior authorization required for routine maternity – vaginal & c section
- Elective procedures/services/OB complications/newborn extended stay/medical or behavioral health/substance use treatment all require prior authorization
- Urgent/emergent admissions must be authorized within 24-48 hours of admission
 - Includes detox services
- Inpatient behavioral health services:
 - Prior authorization required for partial day treatment: Benefit limits are applied

Ambulance Services: Prior authorization required for non-emergent transportation

- Ambulance for non-emergent services and/or Inter-facility transfers
 - Transportation by air
 - Elective (non-emergency) transportation by ground, ambulance or medical van



Autism services:

Adaptive Behavioral Treatment (ABA): Prior auth and treatment plan recommended

- \$50,000 per year per child less than 8 years of age
- \$20,000 per year per child ages 9 through 19. No services over age 19.

Behavioral Health:

- Behavioral health Services: Outpatient services NO authorization required
 - IOP refer to habilitative services: Limited benefits
- ECT/TMS services: Prior authorization recommended
- Substance – Related and addictive disorder treatments: Outpatient services No authorization required
 - IOP refer to habilitative services: Limited benefits

Birthing Centers: Must be licensed in the State: Montana/Idaho

Breast Reduction Surgery: Prior Authorization required

Chiropractic Services:

- Limits apply (20 visits/year), check member's benefit plan: no authorization required, includes massage services

Cochlear/Baha device and/or implantation: Prior authorization required

Down Syndrome Services (Covered in Montana ONLY): A treatment plan may be required to monitor outcomes & individual goals.

- Includes habilitative or rehabilitative care, professional counseling and guidance services & treatment programs that are medically necessary to develop and restore, to the maximum extent practicable, the functioning of the covered child.
- Therapeutic care up to 104 sessions/year with a speech-pathologist, up to 52 sessions/year with a PT, up to 52 sessions per/year with OT.

Durable Medical Equipment/Supplies/Prosthetics:

- Power wheelchair **(PA required)**
- Specialized scooters **(PA required)**
- DME billed charges \$1500 or greater **(PA required)**
- DME monthly rental billed charges \$200 or greater **(PA required)**
- Lower limb prosthetics

Gastric Bypass Surgery: Prior authorization required

IDAHO – Excluded for weight control or treatment of obesity – Refer to SPD for specifics

MONTANO – Excluded for reversals or revisions – Refer to SPD for specifics



Gastrointestinal (GI) tract imaging through capsule endoscopy: Prior authorization required

Gender Reassignment Surgery: Prior authorization required

Genetics Testing: Prior authorization required (Refer to code list)

Prenatal Genetic Testing – only when at high risk of fetal abnormalities; advanced maternal age.

Habilitative & Rehabilitative Care: Prior authorization recommended after 12 visits.

A member requires help to keep, learn or improve skills and functioning for daily living. These service may include any or all listed below:

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Language Pathology (ST)
- Psychiatric Rehabilitation: Intensive Outpatient Program (IOP)
 - IOP's are routinely a maximum of 32 sessions. If extended beyond, MHC would need documentation to consider an extension.

Home Health Care Services/Home Infusion Therapy: Notification required after 10 visits

Limits may apply: Refer to the member benefit plan. 180 days per year.

- Must have a skilled RN care need in the home.
- Submit PA/UM Request Form: https://www.mhc.coop/wp-content/uploads/2018/01/MHC_Home_Health_Request_fillable.pdf

Hospice Care: Prior authorization recommended

- Submit PA/UM Request Form: https://www.mhc.coop/wp-content/uploads/2018/01/MHC_Hospice_Request_fillable.pdf

Hyperbaric Oxygen Therapy: Prior authorization required

Imaging Radiology: Prior authorization recommended to avoid delays in payment caused by medical necessity review:

- MRI/MRAs
- PET-CT scans unless cancer diagnosis

Infertility Treatment: Services for diagnosis ONLY, Treatment is NOT a benefit.

MONTANA – covers Artificial insemination but does not cover any drugs used to treat infertility.

Laboratory Services: Must be performed by an in-network lab to be eligible for payment of in-network benefits.

Naturopath Services: Covered in Montana



Outpatient Surgery/Services: Prior authorization recommended (Refer to code list)

- All Spine Surgery (Prior authorization required)
- Hip surgery to repair impingement syndrome (Prior authorization required)
- Additional procedures where PA is recommended: **Refer to the code list: Attached**

Pediatric Vision Care Program: Refer to VSP In-Network Providers

Pharmacy: Contact uhealthplanspharmacyteam@hsc.utah.edu or (801) 587-2859

- Prior authorization is required for certain high risk, high cost medications.
- Refer to our online drug list on our website for medications requiring a prior authorization (PA); <http://client.formularynavigator.com/Search.aspx?siteCode=0915542158>
- Submit formulary exception form: https://www.mhc.coop/wp-content/uploads/2016/06/MHC_Formulary_Exception_Request_Form_fillable.pdf
- Submit drug prior authorization form: https://www.mhc.coop/wp-content/uploads/2014/08/MHC_Medication_Prior_Authorization_Request_Form_fillable.pdf
- More information on <https://uhealthplan.utah.edu/for-providers/pdf/uuhsc-coverage-determination-template.pdf>
- **Details for some frequently requested drugs :**
 - Quantity limits/Step therapy require prior authorization
 - J Codes greater than \$1,000 require prior authorization (Refer to code listing)
 - Botox: No PA required for treatment of migraines, CP spasticity
 - Synagis medical policy: <https://uhealthplan.utah.edu/for-providers/pdf/uhp-synagis-pa-uofuhome-infusion2013-form.pdf>
 - Growth hormone treatment requires pre authorization

Pregnancy Care: No prior authorization requirement. If a high risk pregnancy. **REFER to U Baby Care Management for additional resources. CALL (801) 587-6480, option 2**
NEWBORN: Requires active enrollment. 31 day window.

Proton Beam Radiotherapy: Prior authorization required

Reconstructive or other procedures that may be considered cosmetic: Prior authorization required

- Blepharoplasty/Canthoplasty
- Breast reconstruction/breast enlargement
- Breast reduction/mammoplasty
- Cervicoplasty
- Excision of excessive skin due to weight loss
- Lipectomy or excess fat removal
- Surgery for varicose veins, except stab phlebectomy

Transgender Services/Procedures: Apply medical necessity: Prior authorization required



Transitional Services: Skilled Nursing Facilities, Long Term Acute Care (LTACs) and Inpatient Acute Rehab, Residential Treatment for Substance Use Disorder. Prior authorization required

Benefit limits may apply (60 days maximum per calendar year for some benefits). Refer to the specific member plan benefit.

- Member must be able to manage therapy for restorative status.
- Substance – Related and Addictive Disorder Treatment: Benefit limits
 - Residential (Must be an accredited facility and in network provider)
 - Partial Day Treatment: Benefit limits
- Discharge summary from the acute facility (Hospital), evaluation and plan of care required for review. [https://uhealthplan.utah.edu/providers/pdf/SNF LTAC%20 REHAB request pre_services_review.pdf](https://uhealthplan.utah.edu/providers/pdf/SNF_LTAC%20REHAB_request_pre_services_review.pdf)

Transplant Services: Prior authorization required

- Kidney/renal
- Bone marrow/stem cell
- Cornea
- Lung, heart/lung
- Liver

Uvuloplastopharyngoplasty, including laser-assisted procedures: Prior authorization required

Ventricular assist devices for non-emergent services: Prior authorization required

Wellness – Diet, smoking cessation, weight management education are available as online resources