



**State of Maine
Department of Health & Human Services (DHHS)
MaineCare Services**

Prior Authorization Manual
Provider Guide for MIHMS Prior Authorizations

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1. Introduction

MaineCare requires prior authorization for some procedures and services to ensure that the most appropriate care is provided for MaineCare members. This Prior Authorization Manual (PAM) outlines the process for submitting prior authorization requests to the Maine Integrated Health Management System (MIHMS) for services included in the table below. The manual will:

- Summarize the information required to submit prior authorization requests,
- Describe the options and process for submitting prior authorization requests, and
- Provide special instructions for some categories of care; for example, Durable Medical Equipment (DME).

The goal is to help providers easily submit required information so that MaineCare can efficiently process requests – and most importantly, so that members can receive needed care.

MaineCare Program
Dental: <ul style="list-style-type: none">• Dentures• Orthodontia• Other Dental Services• Temporomandibular Joint Services (TMJ)
Durable Medical Equipment (DME)/Medical Supplies
Early and Periodic Screening, Diagnosis, and Treatment: <ul style="list-style-type: none">• Optional Treatment Services• Durable Medical Equipment (DME)
Hearing Aids
Orthotic/Prosthetic Devices
Physician Services: <ul style="list-style-type: none">• J-Codes/Physician-Administered Drugs• Procedures• Transplants
Podiatry
Transportation
Vision
Medical Eye Care Program
All Services

Table 1: Services/Procedures Addressed in Prior Authorization Manual

2. Key Components of the Prior Authorization Process

It's important for you to know about some key components of the MIHMS Prior Authorization Process. This section will briefly describe those components.

MaineCare Policy

The foundation for prior authorization requirements is the policy included in the MaineCare Benefits Manual (MBM) and MaineCare’s recently adopted rules. You can easily link to these resources by selecting the “Provider” tab from the home page at <https://mainecare.maine.gov> and choosing “Maine Medicaid Policy” or “Recently Adopted Rules” under “Provider Useful Links.”

Before you submit a prior authorization request, you should be familiar with Chapter I, which outlines general prior authorization requirements. Specific prior authorization requirements by service type are outlined in Chapter II. Appendix A of this manual provides a high-level summary of services requiring prior authorization.

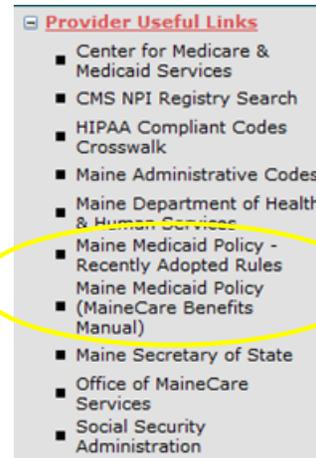


Figure 1: MaineCare Policy Links

Prior Authorization Criteria

MaineCare uses medical criteria in the prior authorization decision-making process. These criteria help staff determine whether the requested care is appropriate for the MaineCare member. MaineCare uses a combination of MaineCare criteria and InterQual criteria (developed by McKesson) to review prior authorization requests. For most services, either MaineCare criteria or InterQual criteria apply. For a limited number of services, InterQual criteria are supplemented by MaineCare criteria; for example, gastric bypass services. The criteria applicable for each procedure or service are posted on the MIHMS web portal at <https://mainecare.maine.gov>.

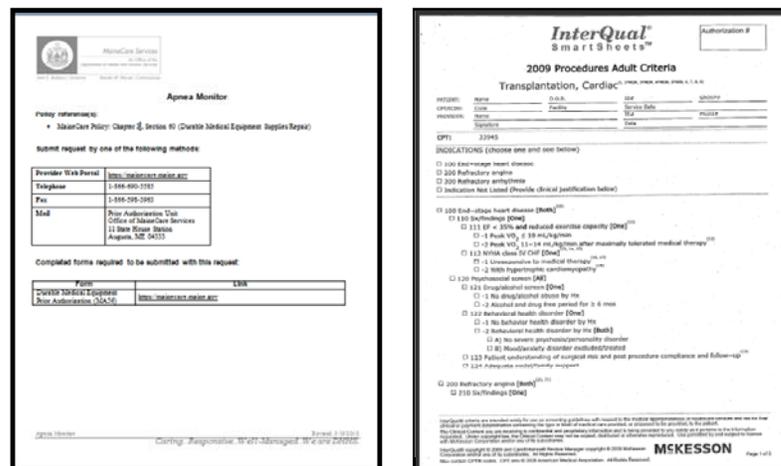


Figure 2: Sample Criteria Sheets

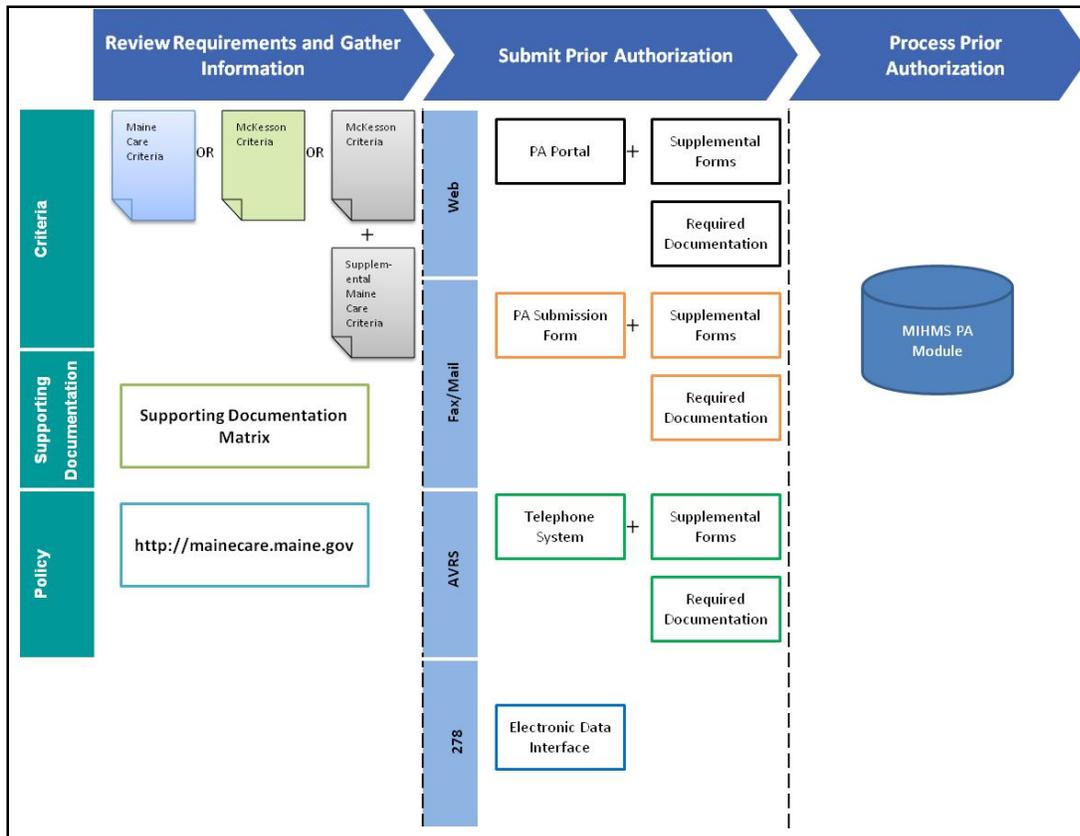


Figure 4: MIHMS Prior Authorization Workflow

3.1 Reviewing Requirements and Gathering Information

There are some important steps to take before submitting prior authorization requests.

1. First, you should **check the member's eligibility** through the MIHMS web portal or Automated Voice Response System (AVRS).
 - To check member eligibility via AVRS:
 - ✓ Dial the AVRS at 1-866-690-5585
 - ✓ Follow the prompts to enter member information
 - To check member eligibility via the web portal:
 - ✓ Go to <https://mainecare.maine.gov>
 - ✓ Under the “Provider” tab, sign in as a trading partner



- ✓ Select “Eligibility Verification”
- ✓ Enter required information about the patient
- ✓ Enter the planned dates of service

- ✓ Enter associated procedure codes, or select a HIPAA category code from the drop-down menu
 - ✓ Submit your eligibility verification request
 - ✓ Review the response returned by the system, which will indicate whether the service(s) is covered or non-covered and whether a prior authorization is needed
2. Next, you should **review MaineCare policy**. MaineCare policy provides both general requirements for all prior authorizations (e.g., information required), as well as requirements for specific kinds of authorizations (e.g., dental services).
 3. The next step is to **review criteria** to determine whether the procedure or service is medically indicated for the member. Criteria are posted on the “Provider Prior Authorization” page of the MIHMS web portal at <https://mainecare.maine.gov>. The portal includes a table (illustrated below) that shows the criteria applicable for each procedure or service (i.e., MaineCare, McKesson InterQual, or both). You can use the criteria sheet as a checklist to make sure requirements are met.

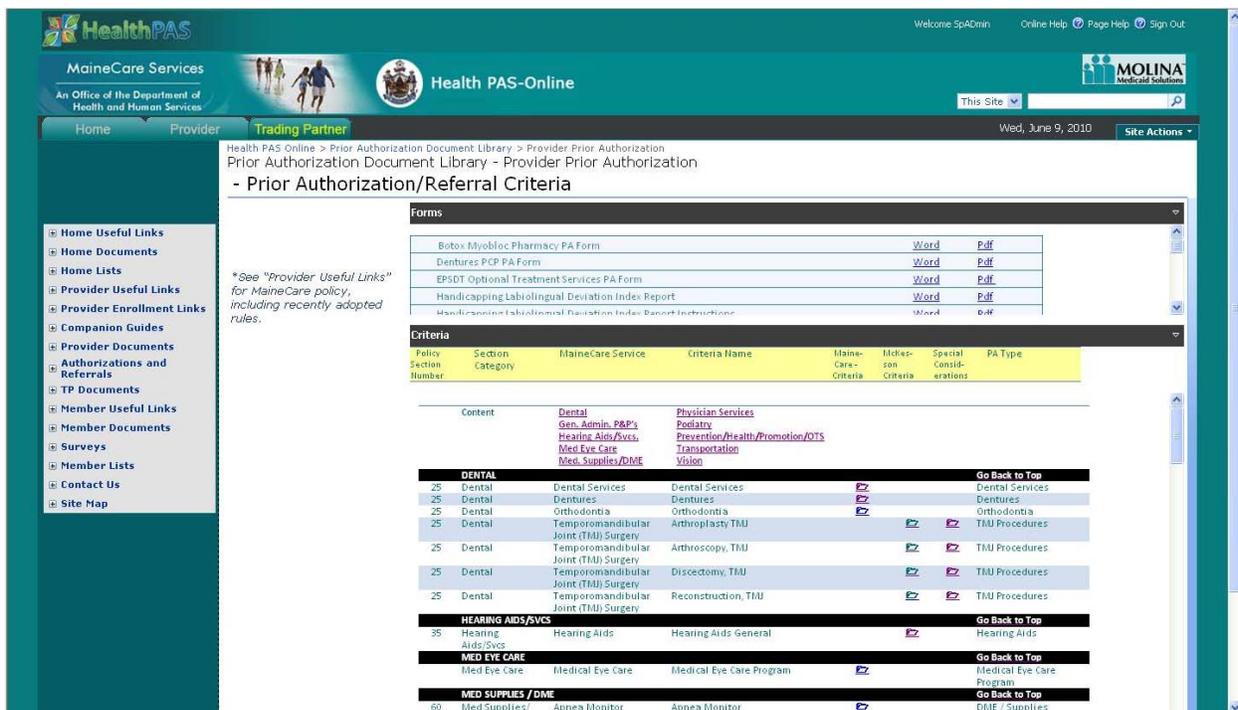


Figure 5: Criteria Matrix on the MIHMS Web Portal

4. The final information gathering step is to **determine the supporting information needed** for your request. The “Supporting Documentation Matrix” included in Appendix B of this manual highlights the forms and/or supporting documentation needed for each type of prior authorization.

Once you have reviewed requirements and gathered information, you are ready to submit your request via data entry on the portal, fax or mail, automated voice response, or electronic data interface.

3.2 Direct Data Entry (DDE) Via MIHMS Web Portal

MIHMS allows providers to directly enter prior authorization requests on the MIHMS web portal at <https://mainecare.maine.gov>. You must be registered as a MaineCare trading partner to use direct data entry. This option speeds processing since information is input directly into the MIHMS system.

To enter your prior authorization request via direct data entry, you will need to:

1. Select the “Provider” tab on the portal home page.
2. Sign on to the web portal as a trading partner.



3. Open the “Entry” link and select “Authorization Entry.”
4. Select the type of prior authorization you are submitting from the listed options; for example, “In-State Outpatient Procedures” or “Vision.”
5. Enter required prior authorization information.
6. Scan and upload attachments (e.g., required forms and other supporting documentation).

OR

Print and complete the “Prior Authorization Supporting Documents Cover Sheet” (from the forms included on the MIHMS web portal) and attach any supporting documentation. Then, fax or mail your request to MaineCare for processing. Please be sure to include the Prior Authorization number assigned by MIHMS on the cover sheet. This number will link the information you are submitting by fax or mail to the electronic request you entered on the web portal.

3.3 Fax or Mail

You also can submit your prior authorization request via fax or mail. Once received, these requests will be processed through MaineCare’s intake process; reviewed; and approved, deferred, or denied. To submit a prior authorization request by fax or mail:

1. Call 1-866-690-5585 to obtain required forms if you do not have access to the MIHMS provider portal

OR

Sign in to the secure MIHMS provider portal as a registered trading partner and print out required forms (from the forms list included on the MIHMS Provider Prior Authorization page).



2. Complete the “Prior Authorization Request Form.” This form **must be used** when mailing or faxing a prior authorization request.
3. Attach supporting documentation as listed in the “Supporting Documentation Matrix” (see Appendix B).

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4. Fax or mail your request to the MaineCare Prior Authorization Unit using the address and telephone numbers printed on the “Prior Authorization Request Form.”

3.4 Automated Voice Response System

Another option for submitting your prior authorization request is calling MaineCare’s Automated Voice Response System (AVRS). To use this option, you need to:

1. Dial 1-866-690-5585 to access the AVRS.
2. Listen for prompts and enter required data.
3. Record the Prior Authorization Number assigned by the system.
4. Sign on to the secure MIHMS provider portal. Print and complete the “Prior Authorization Supporting Documents Cover Sheet” (from the forms list included on the MIHMS Provider Prior Authorization page), including recording the Prior Authorization Number assigned by the AVRS.
5. Attach any supporting documentation or forms to the cover sheet.
6. Fax or mail your request to the MaineCare Prior Authorization Unit using the address and telephone numbers on the form.

3.5 EDI: 278 Referral Certification and Authorization Transaction

To submit prior authorizations via the electronic 278 Referral Certification and Authorization transaction, you must be registered as a MaineCare trading partner and be certified to submit this transaction. To learn more about this option, contact the EDI Help Desk at 1-866-690-5585 or via e-mail at MainecareSupport@unisys.com.

3.6 Submitting Supporting Documents After Initial Prior Authorization Request

From time to time, you may need to provide more supporting documentation after your initial request. To submit additional information, you should:

1. Log on to the secure MIHMS portal. Print and complete the “Prior Authorization Supporting Documents Cover Sheet” (from the forms list included on the MIHMS Provider Prior Authorization page). If you are not a registered trading partner, call MaineCare Provider Services at 1-866-690-5585 to request the cover sheet. When completing the cover sheet, be sure to include the original Prior Authorization Number assigned by the portal or AVRS or sent to you in a MaineCare letter.
2. Attach your additional supporting documents to the cover sheet.
3. Fax or mail the additional information to the MaineCare Prior Authorization Unit using the address and telephone numbers on the form.

3.7 Checking the Status of a Prior Authorization Request

MaineCare assigns a number to your prior authorization request as soon as it enters MIHMS. This number remains with the request from initial submission to final approval or denial. You can check the status of your prior authorization request at any time by accessing the MIHMS web portal at <https://mainecare.maine.gov> or calling the AVRS at 1-866-690-5585.

4. Required Documentation

MaineCare needs certain information to evaluate your prior authorization request. The “Supporting Documentation Matrix” provided in Appendix B summarizes the documentation generally required for each type of prior authorization request. Please note that MaineCare may request additional information; for example, Home Accessibility Reports may be required for certain kinds of wheelchairs.

Supporting Documentation Matrix for Prior Authorization Requests		
PA Type	Criteria	Supporting Documentation Required
Dental Services		
Dentures	MaineCare	<ul style="list-style-type: none"> • Supplemental Denture Prior Authorization Form • Dentures - PCP Prior Authorization Form • Radiographs
Occlusal Guards	MaineCare	<ul style="list-style-type: none"> • Pre-Determination on ADA Claim Form PLUS Supplemental Dental Services Prior Authorization Form OR Supplemental Dental Services Prior Authorization Form
Oral Surgery	MaineCare	<ul style="list-style-type: none"> • Pre-Determination on ADA Claim Form PLUS Supplemental Dental Services Prior Authorization Form OR Supplemental Dental Services Prior Authorization Form • Panoramic and cephalometric films/models • Supporting dental documentation

Table 2: Sample of Supporting Documentation Matrix

5. Special Instructions

5.1 In-State Physician Services

The following general requirements apply for In-State Physician Services:

- ❖ The provider must be enrolled in MaineCare to submit a prior authorization request. MaineCare cannot reimburse for services from a provider that is not enrolled.
- ❖ The member must be eligible for MaineCare on the date of service. On rare occasions, eligibility may be granted retroactively. You can determine whether a member is eligible for a service by accessing the MIHMS web portal at <https://mainecare.maine.gov> or the AVRS at 1-866-690-5585.
- ❖ As a provider, you are responsible for:
 - Reviewing policy to determine whether a procedure requires prior authorization
 - Requesting and obtaining authorization before providing services except in emergencies; submitting a request does not guarantee approval
- ❖ Emergency In-State prior authorization requests require you to:

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- Notify MaineCare as soon as possible (within reason)
 - Submit medical information as required for a non-emergency prior authorization request

If a MaineCare provider provides services and does not request a prior authorization or the prior authorization has been denied, the provider is liable for the costs. The provider cannot bill MaineCare or the member for the services unless the member acknowledges in writing that he or she knows that prior authorization has been denied, understands that MaineCare will not pay for the services, and accepts responsibility for payment.

5.2 Out-of-State Services

There are special prior authorization requirements for out-of-state services. This section will highlight those requirements.

5.2.1 General Requirements

To consider a prior authorization request for out-of-state services, MaineCare requires the following:

- ❖ The out-of-state provider must be enrolled, or willing to enroll, as a MaineCare provider.
- ❖ The requested out-of-state service must be medically necessary and unavailable in Maine.
- ❖ Requests for non-emergency, out-of-state services must be submitted to MaineCare at least 30 calendar days before the appointment. Requests must be approved before services are provided.
- ❖ Requests must include a letter of medical necessity on letterhead from a Maine physician, physician assistant, or physician nurse practitioner. The request must include:
 - Date of letter
 - Signature of requesting/referring provider
 - Member's full name, MaineCare ID number, and date of birth
 - Name(s) and phone number(s) of the out-of-state physician and facility, including the out-of-state provider's National Provider Identifier (NPI), if known
 - Scheduled appointment date
 - Reason for visit (e.g., outpatient rheumatology, inpatient admission, etc.)
 - Reasons medical care cannot be provided in Maine or the next closest location outside of Maine
 - A current list (names and telephone numbers) of all physicians and/or facilities in Maine to which the member has been referred for diagnosis and treatment
 - Referring physician's notes and evaluation
 - Physicians consulted by the attending physician for diagnosis and/or recommended treatment in Maine, including any second opinion documentation supporting out-of-state referral
 - Recommended treatment or diagnostic work
 - All recent Maine specialist and out-of-state specialist clinical records to support a diagnosis, including diagnostic studies, history and results of treatment to date, and clinical records that support the request for out-of-state services
 - Additional information as specified in the MaineCare Benefits Manual

Please note that if additional information is needed, or if the requested service is available in Maine, MaineCare (or its Authorized Agent) can require the patient to seek consultation and/or treatment in Maine.

5.2.2 Requests for Ongoing Care

To receive ongoing out-of-state care, MaineCare requires updated medical records from Maine provider(s) to support medical necessity. If medical necessity cannot be established, the attending Maine physician is expected to perform follow-up medical care after out-of-state services have been provided.

5.2.3 Emergency Out-of-State Care

Providers must obtain authorization for out-of-state emergency inpatient services by calling 1-866-543-2387 or 1-866-690-5585. Telephone requests must be followed by written materials (i.e., medical records) to support the request. The out-of-state provider must notify MaineCare within one business day of emergency inpatient services and provide medical documentation for review.

5.2.4 Other Important Notes About Out-of-State Requests

- ❖ **Transplants.** Additional requirements apply for out-of-state transplants. Please refer to the general and specific transplant criteria sheets posted on the MIHMS web portal.
- ❖ **Medicare-eligible members.** The out-of-state prior authorization requirement is waived for MaineCare members with active Medicare Part A and Part B benefits. A member must have **both** Part A and Part B Medicare benefits to waive the PA requirement. Related transportation services **do** require a prior authorization (see Out-of-State Transportation requirements and criteria sheet).
- ❖ **Prior authorization required.** MaineCare managed care referral forms are not accepted for out-of-state prior authorization requests.

5.3 Durable Medical Equipment (DME)

Prior authorization requests for Durable Medical Equipment (DME) must be submitted by the DME dealer or provider who will supply the equipment. All DME must meet the definition of DME in MaineCare policy and be reasonable and necessary for treatment.

Specific information about covered DME and related requirements is in the MaineCare Benefits Manual, Chapter II, Section 60. You should carefully review these requirements as well as specific DME criteria as you prepare your DME prior authorization request. The instructions that follow summarize submission requirements for DME dealers and physician providers.

5.3.1 Prior Authorization Submission by DME Dealer

To submit a prior authorization request, DME dealers should follow these steps:

- ❖ Receive/obtain the following information from the provider:
 - Signed, dated orders for the requested equipment, including diagnoses, estimated duration of equipment use (e.g., 3 months, 1 year, lifetime), and specific dosage and frequency of use when appropriate/required (e.g., infusion pump or oxygen orders). Orders should be less than one year old per standard medical practice.
 - Supporting medical records such as those listed below. Please note that a prescription with a diagnosis is not sufficient clinical documentation to support medical necessity.
 - Diagnoses

-
- Specialist exam records
 - Hospital discharge summary
 - Surgical reports
 - Test reports (e.g., radiology, sleep studies, breathing tests, labs, etc.)
 - Treatment history
 - Prognosis
 - Mental health records (may be necessary for certain requests)
- Physician rationale letter (may be necessary for certain requests)
- ❖ Complete a "Supplemental DME Prior Authorization Form (MA56)." A copy of the manufacturer's invoice must be provided to support the "Manufacturer's Suggested Retail" price that you enter on the form. MaineCare does not cover shipping and handling.
 - ❖ Submit the supporting documentation and "Supplemental DME Prior Authorization Form (MA56)" via the MIHMS web portal, fax, or mail.

MaineCare may need additional information to consider your request for DME. For example, you may be asked to provide a home access report or a copy of the DME dealer's published fee schedule.

5.3.2 Prior Authorization Submission for DME Prescribed/Supplied by Physician

DME both prescribed and supplied by a physician is limited to DME that is otherwise unobtainable or DME that typically requires no maintenance or replacement during the time a member uses it. The physician's prior authorization request should include the following:

- ❖ A completed "Supplemental DME Prior Authorization Request Form (MA56)."
- ❖ Physician-required documentation, including:
 - Signed, dated orders for the requested equipment, including diagnoses, estimated duration of equipment use (e.g., 3 months, 1 year, lifetime), and specific dosage and frequency of use when appropriate/required (e.g., infusion pump or oxygen orders). Orders should be less than one year old per standard medical practice.
 - Supporting medical records such as those listed below. Please note that a prescription with a diagnosis is not sufficient clinical documentation to support medical necessity.
 - Diagnoses
 - Specialist exam records
 - Hospital discharge summary
 - Surgical reports
 - Test reports (e.g., radiology, sleep studies, breathing tests, labs, etc.)
 - Treatment history
 - Prognosis
 - Mental health records (may be necessary for certain requests)
- ❖ Proof of the provider's acquisition purchase cost for the requested equipment. Payment for DME is based on the physician's acquisition cost and does not include any additional mark-up.

You should submit the supporting documentation and "Supplemental DME Prior Authorization Form (MA56)" via the MIHMS web portal, fax, or mail.

5.3.3 Other Important Notes About DME Requests

- ❖ **Emergency rental.** MaineCare does not require prior authorization for the first 30 days when the member needs the equipment to be discharged home from a hospital, a rehab facility, or a nursing home, or when the physician/primary care provider determines the equipment is needed within 24 hours. If the equipment use is medically necessary beyond the initial 30-day rental, you must request a prior authorization before the 30-day emergency rental period ends.
- ❖ **Replacement.** Equipment is replaced only if one of the following criteria is met:
 - The equipment is broken beyond repair. A detailed explanation from the provider and/or member is required.
 - The member's condition has changed and the current equipment no longer meets his/her medical needs. A detailed explanation from the provider is required.
 - Repairing the equipment would cost more than 60% of replacing it. This is determined by MaineCare and is based on a comparison of repair versus replacement costs. Manufacturer's invoices from the DME provider are necessary for both repair estimates and replacement costs.

Please note that when a time limit expires for a piece of equipment, the member does not automatically qualify for a replacement. For example, wheelchairs are limited to one (1) per member per five (5) years. If five (5) years or more has elapsed and the equipment still functions and meets the member's medical needs, the replacement is not considered medically necessary.

- ❖ **Payer of last resort.** MaineCare is always the payer of last resort for DME. Prior authorization requests for members with any type of third-party coverage, including Medicare, should be submitted to MaineCare at the same time they are submitted to third-party insurance and **before** the date of service.
- ❖ **Payment in full.** Payment by MaineCare is to be considered payment in full. The DME Dealer cannot require or accept additional payment from the member or anyone else on the member's behalf.
- ❖ **Payment for deluxe or aesthetic equipment or supplies.** MaineCare does not "pay towards" deluxe or aesthetic equipment or supplies or allow the member to pay the difference in cost.
- ❖ **DME for members under age 21.** Services or equipment not covered by regular MaineCare policy may be covered under Optional Treatment Services for members under age 21. Examples include helmets, bath aids, standers, toileting equipment, positioning chairs, and special car seats (i.e., Gorilla seats). You will find a criteria sheet and related forms for these services at <https://mainecare.maine.gov>.
- ❖ **Hospice benefit.** If a member chooses the Hospice Benefit, medical equipment and supplies are provided through that benefit. Authorizations are not determined by the MaineCare Prior Authorization Unit.
- ❖ **Prior authorization duration.** The maximum duration of a DME prior authorization is 12 months at MaineCare's discretion.
- ❖ **Annual recertification/renewal.** Annual recertification/renewal (such as for oxygen) is treated as a new request. A new, complete request with updated medical information must be submitted at least 30 days prior to the renewal date.

6. Appendices:

Appendix A: Overview of Services/Supplies That Require PA

Appendix B: Supporting Documentation Matrix

Appendix A: Overview of Services/Supplies That Require PA

(*Note:* This list does not include Pharmacy, Mental Health, Mental Retardation, or Long Term Care Services. This list is provided for quick reference only and is not a comprehensive list of all requirements. Please refer to the MaineCare Benefits Manual for specific prior authorization requirements.)

Chapter I

- All Out-of-State Services
- Optional Treatment Services for members under age 21

Section 25, Dental Services

- Dentures
- Orthodontia
- Temporomandibular Joint (TMJ) Services
- Other specific dental procedures as listed in Chapter III, Section 25

Section 35, Hearing Aids and Services

- Hearing Aids – miscellaneous codes only (children only)

Section 60, Medical Supplies and Durable Medical Equipment

- All Medical Supplies/Durable Medical Equipment which cost more than \$699
- Components of equipment that have a total cost greater than \$699
- Apnea Monitor
- Augmentative and Alternative Communication Device (ACC Device)
- Blood Glucose Monitors and Test Strips that are not listed on MaineCare's Preferred Drug List (PDL)
- Bone Growth Stimulators
- CPAP and Bi-PAP
- Enteral Supplies
- Home Traction
- Hospital Beds
- Incontinence Supplies that exceed the allowed limits
- Infusion Pump
- Intermittent Positive Pressure Breathing (IPPB) Equipment
- Manual and Specialty Wheelchairs
- Miscellaneous: Any supply billed under a code that contains the phrase "miscellaneous," "not otherwise specified," or "not otherwise classified" in its description and the cost exceeds \$99.99
- Miscellaneous: All items coded with code E1399
- Negative Pressure Wound Therapy (NPWT)
- Other Items Subject to Coverage Limitations: Some DME items and medical supplies may be covered in excess of the allowed limits when prior authorized
- Oxygen
- Parenteral Supplies
- Pneumatic Compression Devices
- Phototherapy Lamps (Seasonal Affective Disorder Lamps)
- Power Wheelchairs
- Power-operated Vehicles

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- Prosthetics and Orthotic: All custom molded
 - Rental: Any rental item, regardless of cost, except in emergency situations
 - Repairs: Any item that has been repaired three (3) times in any 12-month period; requires PA for repair
 - Repairs: Labor charges for repairs greater than \$699 or when labor plus parts combined exceed \$699
 - Repairs: Repairs to equipment with total cost (parts and labor) exceeding 60% of replacement cost
 - Repairs: Replacement parts greater than \$699 to repair medically necessary equipment
 - Seat Lift Mechanism

Section 75, Vision Services

- Eyewear: Lenses not on the formulary, contact lenses, and miscellaneous codes
- Non-MaineCare Frames (frames purchased from the contract formulary do not require prior authorization)
- Low Vision Aids

Section 90, Physician Services

- All Out-of-State Services
- Services covered when special criteria are met (see Section 90.05-2). The following services do not require PA, but require medical documentation and review by MaineCare Services: Abortion Services, Sterilization Procedures, Hysterectomy
- Breast Reconstruction
- Breast Reduction
- Bunion Surgery
- Cochlear Implants
- Gastric Bypass or Gastroplasty
- J-Codes, Physician-Administered Drugs: Certain J-Codes and any non-rebateable J-Code
- Mastopexy
- Organ Transplants (except In-State transplants do not require PA): 1) Kidney transplants, 2) Corneal transplants, and 3) Autologous or Allogenic Bone Marrow or Stem Cell Transplants
- Orthognathic Surgery
- Podiatry Services
- Removal of Excess Skin of Abdomen
- Vagus Nerve Stimulation

Section 95, Podiatry Services

- All procedure codes that require a PA

Section 113, Transportation Services

- All out-of-state transportation
- Transportation outside the member's catchment area
- Planned air ambulance (non-emergency)
- When lodging or travel-related expenses are requested

Medical Eye Care Program

- All services require PA

Appendix B: Supporting Documentation Matrix

Supporting Documentation Matrix for Prior Authorization Requests

PA Type	Criteria	Supporting Documentation Required
Dental Services		
Dentures	MaineCare	<ul style="list-style-type: none"> • Supplemental Denture Prior Authorization Form • Dentures - PCP Prior Authorization Form • Radiographs
Occlusal Guards	MaineCare	<ul style="list-style-type: none"> • Pre-Determination on ADA Claim Form PLUS Supplemental Dental Services Prior Authorization Form OR Supplemental Dental Services Prior Authorization Form
Oral Surgery	MaineCare	<ul style="list-style-type: none"> • Pre-Determination on ADA Claim Form PLUS Supplemental Dental Services Prior Authorization Form OR Supplemental Dental Services Prior Authorization Form • Panoramic and cephalometric films/models • Supporting dental documentation
Orthodontia	MaineCare	<p>Comprehensive Orthodontics:</p> <ul style="list-style-type: none"> • Handicapping Labiolingual Deviation (HLD) Index Report • Supplemental Orthodontia Prior Authorization Form • Supporting dental documentation (as required) • Panoramic and cephalometric films/models <p>Limited/Interceptive Orthodontics:</p> <ul style="list-style-type: none"> • Supplemental Orthodontia Prior Authorization Form • Models • Panoramic films (on request)
Orthognathic Surgery	MaineCare	<ul style="list-style-type: none"> • Pre-Determination on ADA Claim Form PLUS Supplemental Dental Services Prior Authorization Form OR Supplemental Dental Services Prior Authorization Form • Study models • Intraoral/extraoral photographs • Cephalometric X-ray <p><i>* Service also may be provided as In-State physician service</i></p>
Other Dental Procedures Requiring Prior Authorization	MaineCare	<ul style="list-style-type: none"> • Pre-Determination on ADA Claim Form PLUS Supplemental Dental Services Prior Authorization Form OR Supplemental Dental Services Prior Authorization Form
Other Periodontal Services	MaineCare	<ul style="list-style-type: none"> • Pre-Determination on ADA Claim Form PLUS Supplemental Dental Services Prior Authorization Form OR Supplemental Dental Services Prior Authorization Form
Periodontal Scaling/Root Planing	MaineCare	<ul style="list-style-type: none"> • Pre-Determination on ADA Claim Form PLUS Supplemental Dental Services Prior Authorization Form OR Supplemental Dental Services Prior Authorization Form • Periodontal charting • Radiographs
Temporomandibular Joint (TMJ), Arthroplasty	McKesson + Supp MaineCare	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting dental documentation • Supporting documentation for additional MaineCare TMJ Services criteria
Temporomandibular Joint (TMJ), Arthroscopy	McKesson + Supp MaineCare	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting dental documentation • Supporting documentation for additional MaineCare TMJ Services criteria

PA Type	Criteria	Supporting Documentation Required
Temporomandibular Joint (TMJ), Disectomy	McKesson + Supp MaineCare	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supporting dental documentation Supporting documentation for additional MaineCare TMJ Services criteria
Temporomandibular Joint (TMJ), Reconstruction	McKesson + Supp MaineCare	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supporting dental documentation Supporting documentation for additional MaineCare TMJ Services criteria
Durable Medical Equipment		
Apnea Monitor	MaineCare	<ul style="list-style-type: none"> Supplemental DME Prior Authorization Form (MA56) Signed physician order Supporting medical documentation
Augmentative and Alternative Communication Devices	McKesson	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supplemental DME Prior Authorization Form (MA56) Supporting medical documentation
Blood Glucose Monitors for Home Use and Test Strips *	MaineCare	<ul style="list-style-type: none"> Supplemental DME Prior Authorization Form (MA56) Signed physician order Supporting medical documentation
Bone Growth Stimulators	McKesson	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supplemental DME Prior Authorization Form (MA56) Supporting medical documentation
CPAP and BiPAP	McKesson	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supplemental DME Prior Authorization Form (MA56) Supporting medical documentation
Hearing Aids	McKesson	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supplemental DME Prior Authorization Form (MA56) Supporting medical documentation
Home Traction	MaineCare	<ul style="list-style-type: none"> Supplemental DME Prior Authorization Form (MA56) Signed physician order Supporting medical documentation
Hospital Beds	McKesson	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supplemental DME Prior Authorization Form (MA56) Supporting medical documentation
Incontinence Supplies	MaineCare	<ul style="list-style-type: none"> Supplemental DME Prior Authorization Form (MA56) Signed physician order Supporting medical documentation
Infusion Pump - External, Insulin	McKesson	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supplemental DME Prior Authorization Form (MA56) Supporting medical documentation
Infusion Pump - External, Other Than for Insulin	MaineCare	<ul style="list-style-type: none"> Supplemental DME Prior Authorization Form (MA56) Signed physician order Supporting medical documentation
Intermittent Positive Pressure Breathing Equipment	MaineCare	<ul style="list-style-type: none"> Supplemental DME Prior Authorization Form (MA56) Signed physician order Supporting medical documentation
Negative Pressure Wound Therapy	McKesson	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supplemental DME Prior Authorization Form (MA56) Supporting medical documentation
Nutrition Therapy - Enteral	MaineCare	<ul style="list-style-type: none"> Supplemental DME Prior Authorization Form (MA56) Signed physician order Supporting medical documentation

PA Type	Criteria	Supporting Documentation Required
Nutrition Therapy - Parenteral	MaineCare	<ul style="list-style-type: none"> • Supplemental DME Prior Authorization Form (MA56) • Signed physician order • Supporting medical documentation
Orthotic Devices - Cervical, Thoracic, Lumbar Sacral, Spinal Halo	MaineCare	<ul style="list-style-type: none"> • Supplemental DME Prior Authorization Form (MA56) • Signed physician order • Orthotic or prosthetic evaluation report • Supporting medical documentation
Orthotic Devices - Cranial Remolding Helmet	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Orthotic Devices - Diabetic Shoes	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Orthotic Devices - Lower Extremity (Ankle, Foot Brace)	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Orthotic Devices - Lower Extremity (Knee Brace)	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Orthotic Devices - Upper Extremity	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Oxygen	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Phototherapy	MaineCare	<ul style="list-style-type: none"> • Supplemental DME Prior Authorization Form (MA56) • Signed physician order • Supporting medical documentation
Pneumatic Compression Devices	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Power-Operated Vehicle	MaineCare	<ul style="list-style-type: none"> • Supplemental DME Prior Authorization Form (MA56) • Signed physician order • Supporting medical documentation • Home accessibility report
Prosthetic Devices - Above the Knee	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Prosthetic Devices - Below the Knee	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation
Seat Lift Mechanism	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supplemental DME Prior Authorization Form (MA56) • Supporting medical documentation

PA Type	Criteria	Supporting Documentation Required
Wheelchair - Manual	MaineCare	<ul style="list-style-type: none"> • Supplemental DME Prior Authorization Form (MA56) • Signed physician order • Supporting medical documentation • Home accessibility report
Wheelchair - Power	MaineCare	<ul style="list-style-type: none"> • Supplemental DME Prior Authorization Form (MA56) • Signed physician order • Supporting medical documentation • Home accessibility report
Wheelchair - Specialty	MaineCare	<ul style="list-style-type: none"> • Supplemental DME Prior Authorization Form (MA56) • Signed physician order • Supporting medical documentation • Home accessibility report
Early Periodic Screening, Diagnosis, and Treatment		
EPSDT Optional Treatment Services	MaineCare	<ul style="list-style-type: none"> • EPSDT Optional Treatment Services Form • Supplemental DME Prior Authorization Form (MA56) (for DME only)
Physician Services		
J-Codes/Physician-Administered Drugs		
Botox Injections	MaineCare	<ul style="list-style-type: none"> • Botox-Myobloc Pharmacy Prior Authorization Form • Supporting medical documentation
Gardasil Vaccine	MaineCare	<ul style="list-style-type: none"> • Supporting medical documentation
J-Codes (Other-Non-rebateable)	MaineCare	<ul style="list-style-type: none"> • Non-Rebateable J-Code Prior Authorization Form • Supporting medical documentation
Supprelin LA Implant	MaineCare	<ul style="list-style-type: none"> • Supprelin LA Prior Authorization Form • Supporting medical documentation
Synvisc, Hyalgan, Euflexxa, and Orthovisc	MaineCare	<ul style="list-style-type: none"> • Synvisc, Hyalgan, Euflexxa, and Orthovisc Prior Authorization Form • Supporting medical documentation
Tysabri	MaineCare	<ul style="list-style-type: none"> • Tysabri Prior Authorization Form • Supporting medical documentation
Procedures		
Breast Reconstruction	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting medical documentation
Breast Reduction and Mastopexy	McKesson + Supp MaineCare	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting medical documentation
Gastric Bypass or Gastroplasty	McKesson + Supp MaineCare	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting medical documentation • Supporting documentation for additional MaineCare Gastric Bypass, Gastroplasty, Adjustable Gastric Banding criteria
Orthognathic Surgery	MaineCare	<ul style="list-style-type: none"> • See Dental Services section for PA documentation requirements
Removal of Excess Skin and Subcutaneous Tissue of the Abdomen	McKesson	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting medical documentation
Vagus Nerve Stimulation	MaineCare	<ul style="list-style-type: none"> • Supporting medical documentation
Transplants		
Transplant - Allogenic Stem Cell	McKesson + Supp MaineCare	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting medical documentation • Supporting documentation for additional MaineCare Out-of-State Transplant criteria
Transplant - Autologous Stem Cell	McKesson + Supp MaineCare	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting medical documentation • Supporting documentation for additional MaineCare Out-of-State Transplant criteria
Transplant - Cardiac	McKesson + Supp MaineCare	<ul style="list-style-type: none"> • Completed and signed InterQual criteria sheet • Supporting medical documentation • Supporting documentation for additional MaineCare Out-of-State Transplant criteria

PA Type	Criteria	Supporting Documentation Required
Transplant - Kidney	McKesson + Supp MaineCare	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supporting medical documentation Supporting documentation for additional MaineCare Out-of-State Transplant criteria
Transplant - Liver	McKesson + Supp MaineCare	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supporting medical documentation Supporting documentation for additional MaineCare Out-of-State Transplant criteria
Podiatry		
Bunion Surgery	McKesson + Supp MaineCare	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supporting medical documentation Supporting documentation for additional MaineCare Foot and Ankle Services criteria
Endoscopic Plantar Fasciotomy	McKesson + Supp MaineCare	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supporting medical documentation Supporting documentation for additional MaineCare Foot and Ankle Services criteria
Toe Joint Fusion	McKesson + Supp MaineCare	<ul style="list-style-type: none"> Completed and signed InterQual criteria sheet Supporting medical documentation Supporting documentation for additional MaineCare Foot and Ankle Services criteria
Transportation		
In-State	MaineCare	<ul style="list-style-type: none"> Transportation Services Prior Authorization Form Supporting documentation
Out-of-State	MaineCare	<ul style="list-style-type: none"> Transportation Services Prior Authorization Form Supporting documentation
Vision		
Vision Services	MaineCare	<ul style="list-style-type: none"> Supporting documentation Physician order (where required)
Medical Eye Care Benefit	MaineCare	<ul style="list-style-type: none"> Medical Eye Care Application Form Medical Eye Care Prior Authorization Request Form Medical Eye Care Medical Eligibility Form

* PA required only when requesting a non-preferred monitor and test strips not listed on the MaineCare Preferred Drug List at:
<http://www.mainearepdl.org/index.pl/pdffiles/mainecare-pdl>