

## Services & Equipment Requiring Prior Authorization (PA)

Some services require that providers obtain prior authorization before the services are performed; these include:

- 1. Applied Behavioral Analysis (ABA Therapy) \***  
T21: Concordia authorizes services.  
T19: Services are authorized by the Local Medicaid Area Office.
- 2. Durable Medical Equipment \*\***  
All items including Insulin Pumps, Custom Wheelchairs, and Scooters
- 3. Elective Surgical Procedures \*\***  
Including cosmetic and Plastic/Reconstructive procedures per Medicaid Physician Fee Schedule
- 4. Experimental/Investigational Treatment**  
Those newly developed procedures undergoing systematic investigation to establish their role in treatment or procedures that are not yet scientifically established to provide beneficial results for the condition for which they are used.
- 5. Genetic Testing (that is not on Medicaid fee schedule, or if genetic testing is with an out-of-network provider)**  
Include documentation supporting how results will impact care delivery decisions.  
Ped-I-Care Genetic Testing Form:  
<https://com-peds-pedicare.sites.medinfo.ufl.edu/files/2014/09/Genetic-Test-Request-July-2016.pdf>
- 6. Hearing Services \*\*/ Hearing Aids \*\* / Augmentative or Alternative Communicative Systems/Devices \*\***
- 7. Home Health Care Services \***  
Including Home Health Aides, Nursing Visits, and Infusion Services
- 8. Inpatient Admissions - In and Out of Network**  
Including Mental Health and Skilled Nursing Facilities
- 9. Mental Health Day Treatment Programs**  
Concordia authorizes services.
- 10. MRIs, MRAs, CT scans, PET scans \*\*\***
- 11. Nutritional Supplements \*\* / Enteral & Parenteral Nutrition \*\***
- 12. Oral Surgery \*\***
- 13. Orthodontia \*\***  
Include Medicaid score sheet, and films and/or photos if the score doesn't meet guidelines
- 14. Orthotics and Prosthetics \*\***
- 15. Out of Network / Out of State Services**
- 16. Prescribed Pediatric Extended Care (PPEC)**  
T21: Ped-I-Care and SFCCN authorize services.  
T19: Services are authorized by eQHealth (1-855-444-3747).
- 17. Private Duty Nursing \***
- 18. Personal Care Services \***
- 19. Request that Exceeds Medicaid Limits**
- 20. Therapeutic Foster Care, Therapeutic Group Care, and Crisis Intervention**  
Concordia authorizes services.
- 21. Therapy Services**  
Physical, Occupational, Speech, and Respiratory – Submit signed plan of care
- 22. Transplants and Related Care**  
Professional services rendered in the office for participating providers do not require prior authorization.
- 23. Vision Services \*\***  
Contact Lenses & Specialty (non-standard) Glasses

*\* Submit signed plan of care, notes of care currently being provided (if applicable), physician orders, and documentation of the level of care needed, # of hours/day, and # of days/week. Please indicate whether another child in the same home is receiving the same services. Failure to provide clinical information can result in a delay or denial of the request. For personal care services, also include all parent/guardian work/school schedules, and explanation from the parent/guardian's doctor of disability and/or limitations (if applicable)*

*\*\* Services and items that have a by report (BR) or prior authorization (PA) indicator on the Florida Medicaid Fee Schedule. Therapy service providers are required to adhere to requirements outlined in the Florida Medicaid – Therapy Services Coverage and Limitations Handbook.*

*\*\*\* MRIs and CTs do not require PA if the diagnosis code is listed in Appendix D of the Practitioner Services Coverage and Limitations Handbook. For diagnoses not listed, PA is required.*

### Notification Only: Emergency Room Visits and Observation Stays

Emergency room visits and observation stays do not require prior authorization, just notification that the service was rendered. This information is used for coordination of care purposes only.