



AUTHORIZATION REVIEW GUIDE

REFER TO PASSPORT'S WEBSITE OR PRIOR AUTHORIZATION LOOK-UP TOOL/MATRIX FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION. ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT.

For coverage of codes, refer to the Kentucky Department of Medicaid Services Fee Schedules and the Passport Member and Provider Manual.

OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO PARTICIPATING NETWORK SPECIALISTS DO NOT REQUIRE PRIOR AUTHORIZATION. EMERGENCY ROOM SERVICES/URGENT CARE DO NOT REQUIRE PRIOR AUTHORIZATION.

- **Non-Contracted Providers: authorization of services or items required with the exception of ER and Urgent Care**
 - **All Medical & Behavioral Health Inpatient Admissions; LTAC; Rehabilitation; Residential; Partial**
 - **Select Outpatient Behavioral Health Services : Mental Health and Substance Use Disorder; Refer to PA Look Up tool or PA Matrix**
 - **Select Outpatient Medical/Surgical Services : Refer to PA Look Up tool or PA Matrix**
 - **Advanced Imaging Services**
 - **EPSDT Special Services**
 - **Miscellaneous & Unlisted Codes: Should an unlisted or miscellaneous code be requested, documentation and rationale must be submitted with the request**
 - **Experimental/Investigational Procedures ; Cosmetic, Plastic and Reconstructive Procedures**
 - **Select Cardiology / Oncology Services: Select services for adults over the age of 18 administered through Evolent**
 - **Transplants/Gene Therapy, including Solid Organ and bone Marrow (excluding cornea transplant)**
 - **Transportation Services: Non-emergent air transportation requires authorization**
- EXCEPTIONS**
- **Occupational, Physical & Speech Therapy:** (Home and Facility Based) Evaluation and the first 20 visits for each discipline per member per calendar year do not require prior authorization ; Authorization is required prior to the 21st visit
 - **Home Health Services:** Evaluation and first 6 visits per calendar year do not require authorization; Authorization is required on the 7th visit
 - **Sleep Studies :** No authorization is required when Sleep Study is performed in the Home
 - **Maternity Admissions:**
 - Authorization required on day 4 for a NVD and day 6 for a C-section
 - Newborn (not admitted to NICU): Authorization required if infant stays > 5 day
 - NICU: All NICU admissions, regardless of length of stay, require authorization through Progeny
 - **Intensive Outpatient Therapy :** Authorization required after 16 visits per member per calendar year
 - **H2027 Psychoeducation :** Prior authorization required for services exceeding 100 units (units measured in 15 min increments) per member per calendar year
 - **H0038 Peer Support:** Prior authorization required for services exceeding 200 units (units measured in 15 min increments) per member per calendar year
 - **H0035:** Partial Hospitalization for Substance Use Disorder and Mental Health: Prior authorization required for services exceeding 6 visits/units per calendar year
 - **Applied Behavior Analysis Services:** Authorization required after 48 units, in any combination of codes, per member per calendar year

Refer to the PA Look Up Tool or the PA Matrix for specific codes/services requiring authorization

The PA Matrix is updated quarterly

Passport has partnered with Periscope to perform in-home assessments for select DME. If you request DME that requires a Periscope assessment, the UM Team will notify you of the referral to Periscope

Timeframe for Review Submission

- Providers are required to submit an Urgent/Emergent Inpatient Request within two (2) business. 2 days of clinical is needed for inpatient admission review
- Providers are required to submit a continued stay review by one (1) day after the last covered day
- Providers are required to submit an authorization request for Elective/Scheduled Inpatient and Outpatient Service prior to the services being rendered

Adverse Benefit Determinations (Denials)

- If a request for service is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials are also communicated to the provider by telephone, fax or electronic notification.
- Providers and members can request a copy of the criteria used to review requests for medical services.
- Passport Health Plan has a full-time Medical Director available to discuss medical necessity decisions (Peer-to Peer Review) with the requesting physician at (800) 578-0775

IMPORTANT PASSPORT HEALTH PLAN UTILIZATION MANAGEMENT CONTACT INFORMATION		
Area	Phone	Fax
Medical / Behavioral Health Authorization	(800) 578-0775	(833) 454-0641
Medical Pharmacy Authorization	(800) 578-0775	(844) 802-1406
Advanced Imaging (Radiology)/Special Tests	(855) 714-2415	(877) 731-7218
Transplant	(855) 714-2415	(877) 813-1206
Evolut (formerly NCH)	(888) 999-7713	Cardiology: 1-877-370-0963 Medical Oncology: 1-877-230-4493 Radiation Oncology: 1-877-380-7848
Progeny	(888) 832-2006	(888) 821-4630

Providers may utilize Passport's Provider Portal, Availity - Available features include:

- Authorization submission and status
- Download frequently used forms
- Claims submission and status
- Provider directory
- Member eligibility