AUTHORIZATION GUIDELINES

This list may not be all inclusive. For code specific requirements visit myriversidehealth.com/For-Providers. Please call us at 410-779-9359 or 800-730-8543 if you have any questions.

INPATIENT ADMISSIONS

• Elective admissions
• Same-day/ambulatory surgeries
• Physical Medicine Rehabilitation admissions
  • Example: Spinal Cord Injury
• Substance Abuse admissions
• Skilled Nursing Facility admissions

Emergency admissions require notification within 24 hours or one business day of the admission.

OUTPATIENT REHABILITATION PROGRAMS & SERVICES

• Cardiac rehabilitation
• Pulmonary rehabilitation
• Physical therapy
• Occupational therapy
• Speech therapy
• Seating evaluations

DIAGNOSTIC TESTING

A prior authorization will be required for all non-routine diagnostic testing including but not limited to:

• MRA
• MRI
• CAT Scans
• Nuclear Testing
• PET Scans
• Angiograms

DURABLE MEDICAL EQUIPMENT

Prior authorization is required for:

• All rental DME equipment
• Purchase items >$500

The following equipment will require a Certificate of Medical Necessity (CMN) to be completed by the ordering physician:

• Hospital beds
• Support surfaces
• Motorized wheelchairs
• Manual wheelchairs
• CPAP
• Lymphedema pumps
• Osteogenesis stimulators
• TENS
• Seat lift mechanism
• Power Operated Vehicles (POVs)

HOME HEALTH

All services require a prior authorization

• Skilled Nursing
• Home health aide
• Physical therapy
• Occupational therapy
• Speech therapy
• Physician ordered supplies
• Hospice
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## OUT OF NETWORK CARE

All services require a prior authorization except:
- Emergency Care
- DHMH self-referred services (member can use any provider regardless of network status)
  - Family Planning
  - School-based health services
  - Initial medical exam for children in foster care
  - Annual diagnostic and evaluation services (DES) for enrollees diagnosed with HIV/AIDS
  - OB/GYN services

## PAIN MANAGEMENT/ PHYSIATRY MEDICINE & REHABILITATION

All services except the initial E&M visit will require a prior authorization.
- Treatment plans are required for ongoing services
- Cosmetic services are not a covered benefit

## PLASTIC RECONSTRUCTIVE SURGERY (INCLUDES ORAL MAXILLOFACIAL SERVICES)

All services require a prior authorization
- OB/GYN services

## SLEEP STUDIES

All services require a prior authorization

## OBSTETRICAL CARE

Provider must notify Riverside Health at the first prenatal visit by faxing the completed Maryland Prenatal Risk Assessment (MPRA) to OB Case Management at 410-840-7483

## OTHER

All CPT classified as Category II and all HCPCS codes classified as Unlisted by the American Medical Association require pre-authorization

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**INFUSION THERAPY**

All services require a prior authorization including but not limited to:
- Skilled Nursing
- Equipment & Supplies
- Infusion products
  - Nutritional services
  - Medication pharmaceutical services

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