

# ICP Covered Services Authorization List

All services requiring authorization must meet InterQual criteria. All providers must have a valid Medicaid ID number

SERVICE CATEGORY	AUTH	AMOUNT/ LIMITATION	DETAIL
<b>INPATIENT - Concurrent Review is required</b>			
Acute Care	Y	None	
Acute Psych	Y	None	
Custodial Care	Y	None	
Skilled Nursing–Service Package I	Y	90 days per year	After 90 consecutive days Member is eligible for Service Package II.
Skilled Nursing–Service Package II	Y	None	Must meet DOA or DRS criteria
Transplant	Y	None	
<b>OUTPATIENT SERVICES</b>			
Ambulatory Surgery	Y	None	
Dialysis	Y	None	Authorization per course of treatment
Emergency Care (ER)	N	None	
Genetic Testing	Y	None	
Hysterectomy	N	None	Appropriate HFS 2360; signed documentation that the patient or representative has been informed orally and in writing prior to the surgery that the procedure will render the individual permanently incapable of reproducing; signed HFS 1977 consent
Lab	N	None	Must use contracted provider for outpatient labs: Labcorp, Quest
Other Outpatient Hospital Services	Y	None	
Radiation Therapy	Y	None	
Radiology–Diagnostic Imaging	N	None	ECC, echo doppler, EEG, mammography, stress testing without 2D Echo or radioisotope imaging, ultrasound, x-rays
Radiology–High-Tech	Y	None	Cardiac catheterization, CT, EMG, MRA, MRI, nuclear medicine, PET, stress testing with 2D echo, stress testing with radioisotope imaging, etc.
Sleep Study	Y	None	Required prior to CPAP or BiPAP
Sterilization	N	None	Must submit HFS Form 2189 with claim
Termination of Pregnancy	N	None	Must meet Medicaid benefit criteria. Appropriate HFS form 2390 must accompany claim submission.
Ultrasound–standard pregnancy	N	Two without authorization	Referred by perinatologist
<b>PRACTITIONER SERVICES</b>			
Chiropractic Service - Age 21 and over	Y	None	
EPSDT	N	None	Under age 21
Outpatient Rehab Services–Physical, Occupational, Speech Therapy	Y	None	Evaluation notes and treatment plan to accompany authorization request.
Outpatient Rehab Services–Physical, Occupational, Speech Therapy Evaluation or Evaluation and first session	N	None	
Podiatric Services for Diabetes	N	None	
Podiatry - not diabetes-related	Y	None	
Primary Care Visits	N	None	
Specialist Office Visits–Initial Consult	N	None	
Specialist Office Visits–Ongoing Treatment	Y	None	Can be requested by specialist

## Covered Services Authorization List *(continued)*

<b>PREVENTIVE CARE</b>			
Bone Mass Measurement	N	Every two years	
Colonoscopy or Screening Barium Enema	N	Every two years	For those at high risk for colorectal cancer
Colorectal Screening Exams	N	Every ten years	Age 50+
Diabetes Self Management Education and Training	Y	None	
Family Planning	N	None	
Fecal Occult Blood Test	N	One per year	Age 50+
Flexible Sigmoidoscopy or Screening Barium Enema	N	Every five years	Age 50+
Health and Wellness Education Programs	Y	None	Classes/Programs include: nutritional training, smoking cessation, CHF program, chronic disease self-management program
Immunizations: Flu Vaccine	N	One per year	
Immunizations: Hepatitis B	N		
Immunizations: Pneumonia	N	One per lifetime	
Pap Smears and Pelvic Exams, Breast Exams	N	One per year	
Prostate Cancer Screening Exams	N	One per year	Men age 50+, digital rectal
Routine Physical Exams	N	One per year	
Screening Mammogram	N	One per year	Baseline exam between the ages of 35 and 39, and one screening every 12 months for women age 40 and older.
<b>LONG-TERM SERVICES &amp; SUPPORTS</b> (a.k.a., Waiver Services, Home & Community Based Services, Service Package II)			
All services in this category must be arranged through CCAI's Care Coordination Team Phone: (866) 871-2305 Fax: (312) 491-9856 Email: ltss@ccaillinois.com			
<b>VISION</b>			
Refraction after Cataract	Y	One pair per procedure	
Diagnostic Exams (diagnosis & treatment for diseases of the eye with exception of refractive error)	N	One per year	
Glaucoma Screening	N	One per year	For those at high risk of glaucoma
Routine Eye Exams	N	One per year	Obtained through vision vendor
Glasses or Contact Lenses	N	\$100 to Enrollee per year	Obtained through vision vendor
<b>DENTAL SERVICES</b>			
Dental services can be accessed directly by the Member through DentaQuest by going on our website or calling Member Services.			

## Covered Services Authorization List *(continued)*

<b>HEARING SERVICES</b>			
Routine Hearing Exams	N	One per year	
Hearing Aid	Y	One every other year	
Fitting - evaluation for hearing aids	Y	With hearing aid	
<b>ANCILLARY SERVICES</b>			
Ambulance Services/Emergency Transportation	N	None	
CPAP or BiPap	Y	None	Sleep study results required
Home Health Care Visits	Y	None	
Home PT, OT, ST	Y	None	
Home Infusion	Y	None	
Hospice	Y	6 months per authorization	
Durable Medical Equipment < \$500	N	None	
Durable Medical Equipment > \$500	Y	None	
Medical Supplies < \$250	N	None	
Medical Supplies > \$250	Y	None	
Orthotics, Prosthetics	Y	None	
Therapeutic Shoes for Diabetics	Y	One per year	
Transportation–Non-Emergent	Y	None	For covered medical services only. Rides must be scheduled by calling Member Services at least two business days in advance.
<b>BEHAVIORAL HEALTH/PSYCH/SUBSTANCE ABUSE</b>			
Acute Psych	Y	None	
Outpatient Behavioral Health/ Substance Abuse-Group Therapy	Y	None	Refer to PsychHealth - phone number on ID card
Outpatient Behavioral Health/ Substance Abuse-Individual Therapy	Y	None	Refer to PsychHealth - phone number on ID card
Partial Hospitalization	Y	None	Refer to PsychHealth - phone number on ID card
Residential	Y	None	Refer to PsychHealth - phone number on ID card