

JAI MEDICAL SYSTEMS MANAGED CARE ORGANIZATION, INC.

SERVICES AND PROCEDURES REQUIRING PRIOR AUTHORIZATION

Jai Medical Systems Managed Care Organization, Inc. (JMS) requires prior authorization for certain services and procedures. Please see below for a list of services and procedures requiring prior authorization (PA). Please note, this list is not exhaustive and is subject to change. Further, JMS requires a PA for services and procedures that require prior authorization as specified in the current Maryland Medicaid Fee Schedule. In general, all PA requests should be submitted with the concurrence of the member's established PCP prior to submission to the Utilization Management (UM) Department for authorization. *Please note: a PCP referral does not constitute an approval for services or procedures that require prior authorization.* If you do not see the service or procedure listed below for which you are seeking approval, or if you are unsure if a service or procedure requires prior authorization, please contact our UM Department at 1-888-JAI-1999.

Services Requiring Prior Authorization

- Acupuncture Services for < 21 yrs.
- Ambulance/Wheelchair Van Transportation (Non-Emergent)
- Audiology devices including but not limited to hearing aids, cochlear implants, and auditory osseointegrated devices.
- Audiology device repairs (greater than \$500)
- Braces and Splints (greater than \$1,000 for the member's total claim)
- Cardiac Rehabilitation/Specialty Procedures
- Chiropractic Services (>10 visits) for < 21 yrs.
- Custom Foot Orthotics
- Durable Medical Equipment > \$1,000.00 or rental equipment > 90 days (Including but not limited to Insulin pumps, Continuous Glucose Monitoring, Motorized Wheelchairs, Bone Growth Stimulators/Osteogenic Stimulator, Holter Monitors, External Defibrillators, Breast Pumps)
- Enteral and Parenteral Formula (< 21 years or over 21 due to medical necessity)
- Genetic Testing
- High Cost, Low Utilization Drugs included in MDH's HCLU Drug Risk Mitigation Policy (*see our website for more information*)
- Home Health Care (>12 visits)
- Hospice (Home and Inpatient)
- Hyperbaric Oxygen Therapy
- Investigational Surgeries/Clinical Trials
- Medications administered under the Medical Benefit
- Neuro-Psychological Testing/Developmental Delay Programs
- Out-of-network services of any kind (Single case agreement must be completed)
- Outpatient Rehab- PT, OT, ST (>12 visits) for >21 yrs only
- PET Scans
- Prosthetics
- Proton Therapy Treatment
- Skilled Nursing Facility Admissions
- Sub-Acute/Inpatient Rehabilitative Services
- Sleep Studies
- Urgent Procedures or Admissions (notification to Utilization Management Department within 24-48 hours mandatory)
- Wound Vac
- Wound Clinic (>10 visits)

Procedures Requiring Prior Authorization

- Non-Urgent Inpatient Surgery
- Outpatient Surgery
- Organ Transplants
- Transplants
- Bypass
- Cardiac Procedures (including, but not limited to, non-emergent cardiac catheterizations, cardiac defibrillators/pacemakers, cardiac ablations)
- Amputations
- Neurosurgical procedures (including, but not limited to, **back surgeries**, craniotomies)
- Capsule Endoscopy
- Cosmetic Procedures
- Gender Affirming Care / Surgery
- Grafts/Implants
- Plastic/Reconstructive Surgery
- Corrective Surgery (including, but not limited to bunionectomies and non in office podiatric procedures)
- Neurostimulators
- Dermatology (Phototherapy, Sclerotherapy, Varicose Vein Ligation, Actinic Keratosis)

Please note: Dialysis does not require prior authorization; however an in-network dialysis facility should be used when possible. If a member requires dialysis, please notify UM Department as soon as possible.

NOTICE:

To avoid unnecessary delays, please send elective authorizations requests at least seven (7) days before the procedure. Only written authorizations issued by JMS are valid.

Please contact the Utilization Management Department at 1-888-JAI-1999 for any questions or concerns regarding prior authorizations.