



Iowa Medicaid Prior Authorization Requirements

Includes Notification Requirements; Provider Resources; and Operations & Billing Requirements

Prior Authorization Requirements

SECTION I: Service or Category	Amerigroup	Iowa Total Care	Molina
Air or Land Ambulance	Prior authorization is required for non-emergent ambulance or air ambulance transport.	Prior authorization is required for fixed wing air transport. All others, please check PA Tool.	Prior authorization is required for non-emergent ambulance or air ambulance transport. All others, refer to the PA Tool.
Audiology Services and Testing	No Authorization Required.	Authorization may be required-verify using Prior Authorization Tool.	No Authorization Required.
Bariatric Surgery	Authorization Required.	Authorization Required.	Authorization Required.

Prior Authorization Requirements

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Bone Growth Stimulator	Authorization Required.	Authorization Required.	Authorization may be required, verify using Prior Authorization Tool.
Breast Reconstruction (Non-Mastectomy)	Authorization Required.	Authorization Required.	Authorization Required.
Cardiology	<p>Authorization may be required depending on service requested:</p> <p>No authorization required for office visits with a cardiologist.</p> <p>Authorization is required for echocardiograms.</p>	Authorization may be required, verify using Prior Authorization Tool.	Authorization Required if code is listed on PA Tool.
Chiropractic Care	No Authorization Required.	Authorization Required for non-par providers and any authorization requests for visits above limit as outlined in Iowa Code.	No Authorization Required.

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Circumcision	No Authorization Required at any age.	Authorization required for non-par providers.	No Authorization Required.
Cochlear and Other Auditory Implants	Authorization Required.	Authorization Required.	Authorization Required.
Cosmetic, Reconstructive, or Plastic Surgery	Authorization Required.	Authorization Required.	Authorization Required.

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Cytogenetic, Reproductive, and Molecular Diagnostic Laboratory Testing	Authorization Required.	Authorization Required.	Authorization Required.
Drug Testing	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization may be required, verify using the Prior Authorization Tool.	Authorization may be required, verify using Prior Authorization Tool.
Durable Medical Equipment – Rental	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization may be required, verify using the Prior Authorization Tool.	Authorization Required if code is listed on PA Tool.
Durable Medical Equipment, Prosthetic Devices, Orthotics, and Medical Supplies	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization may be required, verify using the Prior Authorization Tool.	Authorization Required if code is listed on PA Tool.

Prior Authorization Requirements

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Elective Hospital Outpatient Surgery	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization Required.	Authorization Required.
Elective Inpatient Admissions/Surgeries	Authorization Required.	Authorization Required.	Authorization Required.
Enteral Services (In-home nutritional therapy, either enteral or through a gastrostomy tube)	No Authorization Required.	Authorization Required. Associated DME-authorization required if code is listed on the Prior Authorization Tool.	Authorization Required for associated DME listed on PA Tool.
Experimental or Investigational Services	Authorization Required.	Authorization Required.	Authorization Required.

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Femoroacetabular Impingement Syndrome (FAI)	Authorization Required.	Authorization Required.	Authorization Required.
Genetic Testing (Including BRCA)	Authorization Required.	Authorization Required.	Authorization Required.
Hearing Exams & Hearing Aids	No Authorization Required.	No Authorization required for hearing aids. Authorization required for hearing exams- refer to provider manuals and Prior Authorization Tool.	No authorization required for hearing exams. Authorization required for some hearing aid devices, refer to the PA lookup tool.

Prior Authorization Requirements

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Home- and Community-Based Services (HCBS)/Long Term Services and Supports (LTSS)	Authorization Required.	Authorization Required.	Authorization Required. Authorization Required.
Home Health Care	Authorization Required Skilled Nursing Services Occupational Therapy Physical Therapy Speech-Language Pathology Medical Social Services Private Duty Nursing / Personal Care Services Waiver Services Medical Day Services / Child Care Medical Services.	No Authorization for 1st 4 home health services/member. Authorization Required for all subsequent services.	Home Health Services (including home PT/OT/ST): All home healthcare services require PA after initial evaluation plus 6 (6) visits per year.
Hospice	Notification only.	No authorization for start of care, some services later in treatment require authorization.	Hospice services require PA after the first 90 days.
Hyperbaric Oxygen Therapy	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization Required.	Authorization Required.
Hysterectomy	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization Required.	Authorization may be required, verify using Prior Authorization Tool.

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Infusion / Injection Therapy	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization may be required, verify using the Prior Authorization Tool.	Authorization may be required, verify using Prior Authorization Tool.
Joint Replacement	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization Required.	Authorization Required.
Non-Emergent ER Services	No Authorization Required.	Authorization may be required, verify using the Prior Authorization Tool.	No Authorization Required.
Orthognathic Surgery	Authorization Required.	Authorization Required.	Authorization Required.
Orthotics and Prosthetics	Authorization Required.	Authorization Required.	Authorization Required.
Pain Management	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization Required.	Authorization Required.

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Pregnancy Termination	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim.	No Authorization Required. Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim.	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim.
Private Duty Nursing	Authorization Required.	Authorization Required.	Authorization Required.
Proton Beam Therapy	Authorization Required.	Authorization Required.	Authorization Required.
Radiation Therapy Management	Authorization Required.	Authorization Required.	Authorization Required.
Radiology – Advanced Outpatient Imaging: CT Scan, MRI, MRA, PET Scan, DEXA, HIDA Scans, Nuclear Medicine, and Nuclear Cardiology	Authorization Required.	Authorization may be required, verify using the Prior Authorization Tool.	Authorization Required.
Psychological, Neuropsychological, Developmental	Authorization Required Psychological Testing – No Authorization Required for first 3 hours.	Authorization may be required, verify using the Prior Authorization Tool.	Authorization may be required, verify using Prior Authorization Tool.
Rehabilitation Facility Admission	Authorization Required.	Authorization Required.	Authorization Required.

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Rhinoplasty	Authorization Required.	Authorization Required.	Authorization Required.
Sinuplasty	Authorization Required.	Authorization Required.	Authorization Required.
Skilled Nursing Facility Admissions	Authorization Required.	Authorization Required.	Authorization Required.
Sleep Apnea Procedures and Surgeries	Authorization Required.	Authorization Required. Please verify code using the Prior Authorization Tool.	Authorization Required.
Sleep Studies	Authorization Required.	Authorization Required. Please verify code using the Prior Authorization Tool.	Authorization Required.
Speech, Occupational, and Physical Therapy	Authorization Required.	No authorization for first, four therapy visits/member for par providers. Authorization required for all subsequent services.	See the PA lookup tool for authorization requirements.

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Spinal Surgery	Authorization Required.	Authorization Required.	Authorization Required.
Spinal Stimulator for Pain Management	Authorization Required.	Authorization Required.	Authorization Required.
Sterilization	Authorization (precertification) not required. Claim payment is dependent on submission of Sterilization Consent Form.	Authorization Required if code is listed on Prior Authorization Tool. Claim payment is dependent on submission of Sterilization Consent Form.	No Authorization Required.
Transportation (Non-Medical)	Authorization through Service Plan for Waiver.	Authorization through Service Plan for Waiver. Authorization Required for non- waiver members.	Authorization Required through Service Plan for Waiver.
Transplant	Authorization Required.	Authorization Required.	Authorization Required.
Vagus Nerve Stimulation	Authorization Required.	Authorization Required.	Authorization Required.
Vein Stimulation	Authorization Required.	Authorization Required. Please verify code using Prior Authorization Tool.	Authorization Required. Please verify code using PA Tool.
Ventricular Assist Devices (VAD)	Authorization Required.	Authorization Required.	Authorization Required.
Wound Vac	Authorization Required.	Authorization Required.	Authorization Required. Please verify code using PA Tool.

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SECTION I: Service or Category	Amerigroup	Iowa Total Care	Molina
Out-of-Network Services	Authorization Required.	Authorization Required unless services provided in emergency department or urgent care center or for family planning services.	Authorization Required. Please verify code using PA Tool.
Behavioral Health / Substance Abuse (Specific categories listed below)			
23-Hour Observations	No Authorization Required.	No Authorization Required.	No Authorization Required.
Applied Behavioral Assessment / Analysis	Authorization Required.	Authorization Required.	Authorization may be required, verify using Prior Authorization Tool.
Assertive Community Treatment	No Authorization Required.	No Authorization Required.	No Authorization Required.
Behavioral Health Inpatient Services	Authorization Required.	Authorization Required.	Authorization Required.
Behavioral Health Outpatient Services	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization may be required, verify using Prior Authorization Tool.	Authorization may be required, verify using Prior Authorization Tool.
Community Support Services	Notification Only.	Authorization may be required, verify using Prior Authorization Tool.	Authorization may be required, verify using Prior Authorization Tool.

Prior Authorization Requirements

SECTION I: Service or Category	Amerigroup	Iowa Total Care	Molina
Behavioral Health / Substance Abuse (<i>Specific categories listed below</i>)			
Crisis Intervention MHSA Services	Authorization may be required. Verify using the precertification lookup tool (PLUTO).	Authorization may be required, verify using Prior Authorization Tool.	Authorization may be required, verify using Prior Authorization Tool.
Day Treatment	Authorization Required.	Authorization Required.	Authorization Required.
Electroconvulsive Therapy (ECT)	Authorization Required.	Authorization may be required, verify using Prior Authorization Tool.	Authorization Required.
Integrated Health Home Participation	Authorization Required.	Authorization Required.	Authorization Required.
Intensive Outpatient (IOP)	Authorization Required.	Authorization Required.	Authorization may be required, verify using Prior Authorization Tool.
Methadone Maintenance	No Authorization Required.	No Authorization Required for medication. Please check PA.	No authorization required for medication maintenance.
MH/SUD Evaluations and Assessments	Authorization may be required. Verify using the precertification lookup tool (PLUTO).	Authorization may be required, verify using Prior Authorization Tool.	Authorization Required.
MH/SUD Inpatient Admissions	Authorization may be required. Verify using the precertification lookup tool (PLUTO).	Authorization Required.	Authorization Required.

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SECTION I: Service or Category	Amerigroup	Iowa Total Care	Molina
Behavioral Health / Substance Abuse (<i>Specific categories listed below</i>)			
MH/SUD Outpatient Therapy	Authorization may be required, verify using the Precertification Look Up Tool (PLUTO).	Authorization may be required, verify using Prior Authorization Tool.	Authorization may be required, verify using Prior Authorization Tool.
MH/SUD Therapeutic Injections	No Authorization Required.	No Authorization Required.	Authorization may be required, verify using Prior Authorization Tool.
Mobile Counseling	Authorization may be required. Verify using the precertification lookup tool (PLUTO).	Authorization may be required, verify using Prior Authorization Tool.	No authorization required for mobile crisis. All others verify using the prior authorization tool.
Partial Hospitalization (PHP)	Authorization Required.	Authorization Required.	Authorization Required.
Psychoanalysis	Authorization may be required. Verify using the precertification lookup tool (PLUTO).	Authorization may be required, verify using Prior Authorization Tool.	Authorization may be required, verify using the Prior Authorization Tool.
Transcranial Magnetic Stimulation	Authorization Required.	Authorization Required.	Authorization Required.
Biofeedback	Authorization may be required. Verify using the precertification lookup tool (PLUTO).	Authorization Required.	Authorization may be required, verify using Prior Authorization Tool.

Notification Requirements

SECTION 2: Service or Category	Amerigroup	Iowa Total Care	Molina
Observation	Notification not required.	Notification not required.	No Authorization Required.
Inpatient Hospital Services	Notification and Authorization Required.	Notification and Authorization Required.	Notification and Authorization Required.
Emergent Inpatient Admissions	Notification Required Within 24 Hours or next business day.	Notification Required within 24 hours or next business day of admission.	Notification Required within 24 hours or next business day of admission.
Maternity Care	Notification required within three days of initial prenatal visit. Completion of Maternity Notification Form is required.	Notification not required.	Notification required within three days of initial prenatal visit. Completion of Maternity Notification Form is required.
Newborn Delivery	Notification Required within 24 hours or next business day delivery. Completion of Newborn Notification of Delivery Form is required.	Notification required within 24 hours or next business day of delivery. For babies in NICU - Authorization from date of birth.	Notification required within 24 hours or next business day of delivery. Completion of Newborn Notification of Delivery Form is required For babies in NICU - Authorization from date of birth.

Provider Resources

SECTION 3: Service or Category	Amerigroup	Iowa Total Care	Molina
Provider Manuals	https://providers.amerigroup.com/IA/Pages/ia.aspx	https://www.iowatotalcare.com/providers/resources/forms-resources.html	https://www.molinahealthcare.com/providers/ia/medicaid/resources/-/media/Molina/PublicWebsite/PDF/Providers/ia/2023/IA%20Molina%20Healthcare%20Provider%20Manual%20050123%20FINAL
Quick Reference Guide	https://providers.amerigroup.com/ProviderDocuments/IAIA_QRC.pdf	https://www.iowatotalcare.com/providers/resources/forms-resources.html	https://www.molinahealthcare.com/providers/ia/medicaid/communications/-/media/Molina/PublicWebsite/PDF/Providers/ia/2023/Provider%20Reference%20Card_MolinaIA_2023_508c
Training PowerPoints	https://providers.amerigroup.com/IA/Pages/ia.aspx	https://www.iowatotalcare.com/providers/provider-training.html	https://www.molinahealthcare.com/providers/ia/medicaid/communications/-/media/Molina/PublicWebsite/PDF/Providers/ia/Provider_Orientation_2023_060123

Provider Resources

SECTION 3: Service or Category	Amerigroup	Iowa Total Care	Molina
Prior Authorization Review	https://providers.amerigroup.com/IA/Pages/ia.aspx	https://www.iowatotalcare.com/providers/preauth-check/medicaid-pre-auth.html	<ul style="list-style-type: none"> PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE: https://www.molinahealthcare.com/providers/ia/medicaid/communications/-/media/Molina/PublicWebsite/PDF/Providers/ia/PA_Guide_Iowa_May_2023 Provider Website: Claims & Authorizations https://www.molinahealthcare.com/providers/ia/medicaid/claims/priorauth.aspx Prior Auth FAQ and Exceptions: https://www.molinahealthcare.com/providers/ia/medicaid/communications/-/media/Molina/PublicWebsite/PDF/Providers/ia/2023/90%20Day%20Prior%20Auth%20FAQ Prior Authorization Code Look Up Tool: https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx

Operations and Billing Requirements

SECTION 4: Service or Category	Amerigroup	Iowa Total Care	Molina
Web Portal	www.availity.com	https://www.iowatotalcare.com/providers/login.html	www.availity.com/molinahealthcare
Secure Web Portal	<p>Link to initiate first step in accessing it is: https://apps.availity.com/availity/web/public.elegant.login?source=MBU</p> <p>Please note Iowa Providers have a secure provider portal (Availity + PSS) and access the system through www.availity.com or https://providers.amerigroup.com/ia. Providers will need to register through Availity to obtain system access to the secure site.</p>	https://www.iowatotalcare.com/providers/login.html	www.availity.com/molinahealthcare
Utilization Management – Concurrent Review	Required	Required	Required
Transportation (Non-Emergent)	<p>Vendor: Access2Care Hours: 7:30AM-6:00PM</p> <p>844-544-1389 Reservations 844-544-1390 Ride Assist</p>	<p>Vendor: Access2Care Hours: 7:30AM-6:00PM</p> <p>To schedule a non-emergency medical transportation trip, please call Iowa Total Care Member Services at 833-404-1061.</p>	<p>Vendor: Access2Care Hours: 7:30AM-6:00PM</p> <p>To schedule a non-emergency medical transportation trip, please call 866-849-2062.</p>

Operations and Billing Requirements

SECTION 4: Service or Category	Amerigroup	Iowa Total Care	Molina
OB Billing Requirements	OB services must be billed separately (antepartum, delivery, and post-partum care CPT codes, instead of global OB CPT codes).	Provider Services are billed globally per Iowa Medicaid Maternity Billing Guide. Ancillary service are billed separate.	Claims for OB Billing are billed globally per Iowa Medicaid Maternity Billing Guide. Services rendered outside of global billing guidelines should be billed separately.
Timely Filing	180 days from the date of services or date of Primary Payor's RA.	180 days from the date of services or date of Primary Payor's RA.	In-network Providers: 180 calendar days after the discharge for inpatient services or the Date of Service for outpatient services. Out-of-network Providers: 365 calendar days after discharge or from the Date of Service.
Secondary Payor Timely Filing	180 days from the date of the primary payor's EOP.	180 days from the date of the primary payor's EOP.	365 days from last date of EOB from primary carrier.
Corrected Claim Timely Filing	365 Days from the date of the EOP up to 2 years from the date of service.	365 Days from the date of the EOP up to 2 years from the date of service.	365 calendar days from the last adjudication date for up to 2 years from Date of Service.

Operations and Billing Requirements

SECTION 4: Service or Category	Amerigroup	Iowa Total Care	Molina
Timely Reconsideration	<p>Claim payment appeals based on retrospective medical necessity reviews require all pertinent information must be submitted within 365 days of a claim disposition.</p> <p>Submit requests for claims payment appeals in writing to Amerigroup within 60 days of the date you receive your RA.</p>	180 days from claim disposition.	First level Claim payment disputes/reconsiderations are accepted electronically and in writing within 180 days from the date on the Explanation of Payment (EOP) or the Provider Remittance Advice (PRA).
Timely Formal Appeal	Provider disputes must be submitted within 180 days of receipt of Amerigroup's RA.	<p>Reconsiderations are accepted in writing within 180 days from the date on the EOP or PRA.</p> <p>Claim payment appeals are accepted in writing within 30 days from the date of determination letter or EOP/ PRA resulting from reconsideration action.</p>	Second level disputes must be submitted within 30 days from the decision on the original dispute.

Plan Benefits

SECTION 5: Service or Category	Amerigroup	Iowa Total Care	Molina
Pharmacy	<p>PBM – CarelonRx</p> <p>Prescriptions are covered according to the State’s Preferred Drug List (PDL).</p>	<p>PBM – CVS (effective 1/1/2023)</p> <p>Prescriptions are covered according to the State’s Preferred Drug List (PDL).</p>	<p>PBM- CVS</p> <p>Prescriptions are covered according to the State's Preferred Drug List (PDL).</p>
Non-Covered Benefits (Carve Outs)	<p>Dental services outside of a hospital setting remain covered by the Iowa Dental Program.</p> <p>Non-covered services: Cosmetic surgery; experimental or investigational procedures, services that are not medically necessary; sex change surgery or treatments; surgery or drugs to enhance fertility. Non-covered services also include any instance when the precertification for a service was not granted, or the service was provided before precertification was given.</p>	<p>Dental services outside of a hospital setting remain covered by the Iowa Dental Program.</p>	<p>Dental Services provided outside of a hospital setting remain covered by the Iowa Dental Program.</p>