



## Prior Authorization Quick Guide for Missouri Pediatric Care Network Members

### MO PCN Prior Authorization Phone

**1-877-347-9367**

### Prior Authorization Fax

**1-888-670-7260**



**Inpatient Admissions:** Scheduled and non-emergent inpatient admissions require notification to the PCN at least 2 business days prior to the services being rendered. Emergent services require notification to the PCN within 10 calendar days after admission. Participating providers are responsible for communication of any required clinical information to PCN.

**Other Medical Services:** The services listed below require prior authorization from the PCN prior to the date of service. All services require phone or fax notification with supporting clinical information at least 2 business days prior to the services being rendered.

**NOTE: Failure to request and receive prior authorization from PCN may result in denial of claims. All claims are subject to verification of eligibility and benefits at the time of service. Authorization does not guarantee payment.**

**Covered codes requiring prior authorization are listed at [www.cmics.org/pcn](http://www.cmics.org/pcn). This list does NOT include non-covered codes. Some codes are not covered by Medicaid. If you have questions about a code not on the list, call the MO PCN Prior Authorization Line at 1-877-347-9367.**

Service Category	Description/Notes
Admissions	<ul style="list-style-type: none"> <li>Inpatient Admissions – including transfers between facilities</li> <li>Pre and Post Admissions for Transplant Services</li> <li>Rehabilitation Facility Admissions</li> <li>Skilled Nursing Facility Admissions</li> </ul>
DME/Devices/Supplies	<ul style="list-style-type: none"> <li>Code specific - see PCN website for covered codes that require authorization</li> <li>All services billed with miscellaneous code E1399</li> </ul>
Formula/Enteral Nutrition	<ul style="list-style-type: none"> <li>Enteral Nutrition and Formula</li> <li>Enteral Per Diem Codes</li> </ul>
General Surgery, Plastic and Cosmetic Procedures	<ul style="list-style-type: none"> <li>All Potentially Cosmetic Services and Procedures (Examples: scar revision, varicose vein procedures, skin tags, otoplasty, etc.)</li> <li>Breast Surgery (reduction, reconstruction or augmentation)</li> <li>Circumcisions</li> <li>Obesity Related procedures</li> </ul>
Home Health/Infusion Services	<ul style="list-style-type: none"> <li>Hospice Services</li> <li>Infusion</li> <li>Parenteral Nutrition</li> <li>Personal Care Assistant</li> <li>Private Duty Nursing</li> <li>PT, OT, ST</li> <li>Respite Care</li> <li>Skilled Nursing Services (beyond the first visit)</li> </ul>
OB Care	<ul style="list-style-type: none"> <li>Prenatal Care requires notification via the Pregnancy Notification Form (PNF) following the first OB Appointment</li> </ul>
Observation Stays	<ul style="list-style-type: none"> <li>All Potentially Cosmetic Services and Procedures</li> <li>Breast Surgeries</li> <li>Circumcisions</li> <li>Obesity Related Procedures</li> <li>Pre and Post Admissions for Transplant Services</li> </ul>
Out of Network/Out of Area Services	<ul style="list-style-type: none"> <li>All out of network services: Inpatient, Outpatient, Physician Office, Home Care, Lab, etc.</li> </ul>
Outpatient Services	<ul style="list-style-type: none"> <li>Full or Partial Day Rehabilitation</li> <li>RAPS (Rehabilitation for Amplified Pain Syndrome) Program</li> </ul>