

Prior Authorization Requirements

Please contact IlliniCare Health with questions regarding per-authorization requirements if service is not listed below www.IlliniCare.com or 866-329-4701.

SERVICE	AUTH. REQUIRED?	COMMENTS	BENEFIT LIMITATION
Abortion	no	Appropriate HFS Form 2390 must accompany claim submission	
Air Ambulance – Fixed Wing	yes	Prior authorization required for Fixed Wing Air Ambulance Services	
Chiropractic Services	yes	Prior authorization required after 12 visits per calendar year	Limited to the treatment of the spine by manual manipulation to correct a subluxation of the spine; Age 20 or less
Dialysis – Freestanding Dialysis Center	no		
Dental Anesthesia	yes	Inpatient	
Dental Practice Visit	yes	Considered for members with developmental disabilities. Eligible pregnant women can get these additional dental services prior to the birth of their babies: periodic oral examination, teeth cleaning, periodontal work	Effective 7/1/14; eligible adults (age 21 and over) will be able to get limited and comprehensive exams, restorations, dentures, extractions, sedations.
Durable Medical Equipment (DME) and medical supplies	yes	Required for purchases of DME \$500 or greater, oxygen, bi-pap, c-pap, O2 concentrator, ventilator, wound vac, bone growth stimulators, custom wheelchairs, neuro stimulators, scooters	
Emergency Room Services	no		
Enteral and Parenteral Nutrition at Home	no		
EPSDT	no		Limited to under 21 years of age

SERVICE	AUTH. REQUIRED?	COMMENTS	BENEFIT LIMITATION
Eye Glasses	no		Limited to 1 exam and 1 pair of glasses per year
Family Planning	no		
Genetic Counseling and Testing	yes		
Hearing Aids	yes		
Home Health Care Service	yes	Including but not limited to: skilled nursing services, home health aide, personal care attendants, therapies, hospice and wound therapy, IV infusion	
Hospice Care	yes		
Hospital Inpatient Services	yes	Elective acute and emergency admissions, skilled nursing facilities, subacute hospitals, rehabilitation hospitals and inpatient hospice	
Hysterectomy	yes	Payment for the services provided will be made only when the health plan receives a paper HFS 2360 and signed documentation as evidence that the individual or her representative has been informed orally and in writing prior to the surgery that the procedure will render the individual permanently incapable of reproducing. Written consent to perform sterilization must be obtained on the HFS 1977.	
Laboratory Services	no	Exception: genetic testing listed above.	
Neuro-Psych Services	yes		
Observation Stays	no		
Orthotics and Prosthetics	yes	Prior authorization required for purchases of \$500 or greater	
Out-of-Network Services	yes	Except ED services and Family Planning Services	
Out-of-State Services	yes	Except ED services.	
Outpatient Therapy	no	(Initial PT, OT, speech therapy, and first six visits)	
Outpatient Therapy	yes	(>6 visits for PT, OT, speech therapy, cardiac and pulmonary rehabilitation)	

SERVICE	AUTH. REQUIRED?	COMMENTS	BENEFIT LIMITATION
Pain Management Service	yes	Epidural injections, neruostimulators and nerve blocks for back and neck pain	
Physician Assistant and Nurse Practitioner	no		
Physician Office Services	no		
Plastic Surgeon	yes	All services in office setting. Services that are for cosmetic purposes only are not a covered benefit.	
Podiatrist Services	Required after the 3rd visit	An authorization is required after the 3rd visit for Par providers per calendar year. For all Non-Par providers prior authorization is required.	
Prescription Drugs	no	Authorization requirements as stated in the Preferred Drug List	
Radiology Services	yes	Prior Authorization required for CT, MRA, MRI , PET. Contact NIA at radmd.com or 866.210.4733	
Sleep Study	no	Sleep study required prior to approval for CPAP for sleep apnea	
Specialty Injection/Infusion (infusion in home setting applies to home health benefit limits)	yes	See Biopharmaceutical Authorization List on Plan website and PDL	
Sterilization Procedures	no	Must submit HFS Form 2189 with Claim	
Surgery-Elective	yes	Including but not limited to: Blepharoplasty; Breast Reconstruction; Breast Reduction Surgery; Rhinoplasty/Septoplasty; Mastectomy for Gynecomastia; Varicose Vein Treatments; Scar Revisions; Bariatric Surgery; Cochlear Implants; Oral Surgery	
Transplants	yes	All transplants including pre and post services	
Transportation	yes	on-emergent air transport and non-emergent ambulance transport	
Ultrasounds – pregnancy	yes	2 allowed in a 9 month period – any additional will require authorization with the exception of those ordered by perinatologists	