Physicians are reminded that if a prior authorization (PA) request for an inpatient hospital admission is denied or not submitted to Magellan Medicaid Administration, Inc., then the physician and the facility will not be reimbursed for services rendered to the recipient. The hospital’s Utilization Management/Case Management (UM/CM) staff should notify the attending/admitting/consulting physician of the status of the PA.

Per Medicaid Services Manual (MSM) Chapter 600, Section 603.11:

A. Admissions to acute care hospitals both in and out of state are limited to those authorized by Medicaid’s QIO-like vendor [Magellan Medicaid Administration] as medically necessary and meeting Medicaid benefit criteria.

B. Physicians may admit without prior approval only in the following situations:
   1. An emergency (defined in MSM Chapter 100);
   2. Obstetrical labor and delivery; or
   3. Direct Admission from doctor’s office.

C. All other hospital admissions both in-state and out-of-state must be prior authorized by the QIO-like vendor. Payment will not be made to the facility or to the admitting physician, attending physician, consulting physician, anesthesiologist, or assisting surgeons denied by the QIO-like vendor.

Review the Provider Type 20 Billing Guide and MSM Chapter 600 for additional information regarding prior authorizations.