

CYSHCN PRIOR AUTHORIZATION REQUIREMENTS

SERVICE*	PRIOR AUTHORIZATION REQUIREMENTS**
AUDIOLOGICAL PROCEDURES	Required through PM regardless of cost for service plan entry
DENTAL (Cleft Lip and/or Palate Only – Up to 2 routine dental check-ups annually)	Not required
DENTAL (Cleft Lip and/or Palate Only – Orthodontic/Prosthodontic Procedures including Extractions)	Required through PM regardless of cost
DURABLE MEDICAL EQUIPMENT Includes:	
General DME	Required if greater than \$300
Repair	Required regardless of cost
Rental	Required regardless of cost
Orthotic & Prosthetic Devices	Required if greater than \$300
Augmentative Communication Evaluation & Device	Required through PM regardless of cost
Disposable Supplies (Diapers, etc.)	Required if greater than \$300
Hearing Aids	Required through PM regardless of cost
Cochlear Implants, FM Systems & Magnifiers	Required through PM regardless of cost
Ear Molds	Required for service plan entry
Hearing Aid Accessories	Required if greater than \$300
Hearing Aid Repair	Required regardless of cost
EMERGENCY CARE CENTERS	Notification required within three (3) business days for service plan entry
EMERGENCY TRANSPORTATION	Not required
HEMOPHILIA FACTOR	Required for service plan entry
INPATIENT HOSPITALIZATION Includes:	Required through PM regardless of cost:
Evaluation & Treatment for Eligible Condition including Surgery & Special Procedures	Required for service plan entry
INTERPRETER FEES	Required for service plan entry
MEDICAL NUTRITIONAL SERVICES	Required through PM regardless of cost
OFFICE/OUTPATIENT CLINIC VISIT	Not required
OFFICE VISIT PROCEDURES	Required for service plan entry
OUTPATIENT PROCEDURES & SURGERY Includes:	Required through PM regardless of cost:
Emergency	Notification required within three (3) business days for service plan entry
Non-Emergency	Required for service plan entry
PRESCRIPTION MEDICATIONS Includes:	
Formula (Specialized)	Required through PM regardless of cost
Pharmacy, Physician's Office & Treatment Center	Required for service plan entry
THERAPIES/EVALUATIONS Includes:	
Auditory Therapy	Required through PM regardless of cost
Occupational Therapy	Required through PM regardless of cost
Physical Therapy	Required through PM regardless of cost
Respiratory Therapy	Required through PM regardless of cost
Speech Therapy	Required through PM regardless of cost
Evaluations/Re-Evaluations	Not required

* Services must be medically necessary and directly related to the participant's eligible condition for CYSHCN to consider payment.

** Services exceeding \$300 annually require prior authorization from the CYSHCN Service Coordinator.

** Services exceeding \$2,500 annually require prior authorization from the CYSHCN Program Manager (PM).