

## MAGNOLIA HEALTH PLAN

### INSTRUCTIONS FOR OBTAINING PRE-AUTHORIZATION FOR OPHTHALMOLOGY SERVICES

#### The following services require pre-authorization by Envolve Vision:

- J2778 (Lucentis), J0178 (Eylea), J2503 (Macugen) and J3396 (Visudyne)
- Any service that takes place in a non-participating facility or by a non-participating physician
- Providers must use participating Magnolia Health Plan facilities and receive authorization for the facility from Magnolia Health Plan. To facilitate this process, Envolve Vision will submit a copy of the authorization to Magnolia Health Plan to initiate the facility authorization. Ambulatory surgical centers do not require prior authorization from Magnolia Health Plan.

#### Timeliness of UM Decision Making and Notifications

- A standard authorization decision will be made within three (3) calendar days and/or two (2) business days. This three (3) calendar day period may be extended up to fourteen (14) additional calendar days upon request of the Member or the Provider, or if Envolve Vision justifies to the Division of Medicaid a need for additional information and how the extension is in the Member's best interest.
  - If the requested service is approved, an authorization letter will be faxed to your office within the timelines specified above.
  - If the requested service results in a denial, the requesting physician will be notified of the decision and offered a peer to peer conference with an Envolve Vision Medical Director. The Mississippi Department of Health considers reviews referred to a physician for review an exception to the standard, therefore allowing up to 14 calendar days for determination and notification.
- Participating providers may utilize the Envolve Vision website to verify status of pre-authorization requests at <https://visionbenefits.envolvehealth.com/logon.aspx>.

#### Please follow the instructions listed below when requesting a pre-authorization review for services rendered in a non-participating facility or by a non-participating physician:

- Ensure that the Pre-Authorization Request Form is completely filled out, including office and facility addresses, NPI and Tax ID.
- Pre-authorization requests for J2778 (Lucentis), J0178 (Eylea), J2503 (Macugen) and J3396 (Visudyne) must be sent using the Pre-Authorization Request for Anti-VEGF Injectables form at <https://visionbenefits.envolvehealth.com/forms.aspx>.
- Pre-authorization requests must include the codes for all procedures that will be performed during the patient encounter/session.
- Fax the completed form and any supporting clinical information to Envolve Vision at (877) 865-1077.
- Requests for non-participating providers and facilities must include the following documentation (as applicable):
  - Copy of malpractice insurance Face Sheet
  - Copy of practitioner's Mississippi medical license
  - Copy of valid Mississippi Medicaid identification number
  - Completed W-9
  - Completed Ownership & Disclosure form
- After Envolve Vision has received the request it will be entered into the utilization management system and a Care Manager will review the information. If necessary, you may be contacted for additional information.

#### Emergency Procedures

Emergency procedures do not require prior authorization. Services provided on an emergent basis in a non-participating facility should be submitted to Envolve Vision for retrospective review and authorization by the next business day after services have been rendered.

Emergency care is defined as any health care service provided in a hospital emergency facility (or comparable facility which could be the physician's office) in order to evaluate and stabilize medical conditions of recent onset and severity (including severe pain), if such condition would lead a prudent layperson (possessing an average knowledge of medicine and health and acting prudently) to believe that failure to get immediate medical care might result in:

- placing the person's health in serious jeopardy
- serious impairment to bodily functions
- serious dysfunction of any bodily organ or part
- serious disfigurement
- in the case of a pregnant woman, serious jeopardy to the health of the fetus

**MAGNOLIA HEALTH PLAN  
MEDICAL PRE-AUTHORIZATION REQUEST FORM**

\_\_\_\_\_ ROUTINE

\_\_\_\_\_ URGENT \*

**\*A physician with knowledge of the patient’s medical condition must determine it a case involving urgent care and that use of non-urgent timeframes could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function; or, based on the physician’s opinion, the member would be subjected to severe pain. NOTE: Urgent requests MUST be accompanied by a physician’s signature. The signature may appear either on this Pre-Authorization form, on the plan of care or medical record.**

Date \_\_\_\_\_ Office Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Attending Physician \_\_\_\_\_ NPI# \_\_\_\_\_

TIN # \_\_\_\_\_ License # \_\_\_\_\_ Medicaid # \_\_\_\_\_ Medicare # \_\_\_\_\_

Patient Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ DOB \_\_\_\_\_

ID # \_\_\_\_\_ HMO (Plan) \_\_\_\_\_ Group # \_\_\_\_\_

Other Insurer (if any) \_\_\_\_\_

Date of Admit \_\_\_\_\_ Date of Service \_\_\_\_\_ IP/OP (Circle One) Anticipated LOS \_\_\_\_\_

Facility Name & Address \_\_\_\_\_

Facility Status: PAR NON-PAR Reason for Non-Par Request: \_\_\_\_\_

**Diagnosis (must be provided) Procedure (must be provided) Circle (appropriate eye(s))**

ICD \_\_\_\_\_ Description \_\_\_\_\_ CPT \_\_\_\_\_ DESCRIPTION \_\_\_\_\_ RT LT 50

ICD \_\_\_\_\_ Description \_\_\_\_\_ CPT \_\_\_\_\_ DESCRIPTION \_\_\_\_\_ RT LT 50

ICD \_\_\_\_\_ Description \_\_\_\_\_ CPT \_\_\_\_\_ DESCRIPTION \_\_\_\_\_ RT LT 50

Medical Reason for Request \_\_\_\_\_

Attach additional pages if necessary

Patient’s Chief Complaint \_\_\_\_\_

Signature of Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

**PRE CERTIFICATION/AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. COVERED SERVICES ARE BASED ON MEMBER ELIGIBILITY AND BENEFIT LIMITATIONS AT THE TIME SERVICE(S) ARE RENDERED.**

**PLEASE FAX YOUR REQUEST TO: (877) 865-1077 OR MAIL TO:  
ENVOLVE VISION, INC., ATTN: UTILIZATION MANAGEMENT, PO BOX 7548, ROCKY MOUNT, NC 27804**

**If denied, please refer to your Provider Manual or call (800) 465-6972 to be informed of your appeal rights.**

*The information contained in this transmission is intended only for the use of the individual or entity to whom it is addressed and may contain information that is confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at PO Box 7548, Rocky Mount, NC 27804, via the United States Postal Service. We apologize for any inconvenience this may have caused you. Thank you.*