

9505.5030 CRITERIA FOR APPROVAL OF PRIOR AUTHORIZATION REQUEST.

A request for prior authorization of a health service shall be evaluated by consultants using the criteria given in items A to F. A health service meeting the criteria in this part shall be approved, if the health service is otherwise a covered service under the MA or GAMC programs. The health service must:

- A. be medically necessary as determined by prevailing medical community standards or customary practice and usage;
- B. be appropriate and effective to the medical needs of the recipient;
- C. be timely, considering the nature and present state of the recipient's medical condition;
- D. be furnished by a provider with appropriate credentials;
- E. be the least expensive appropriate alternative health service available; and
- F. represent an effective and appropriate use of program funds.

Statutory Authority: *MS s 256.991*

History: *10 SR 842*

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