**Section 1200.140 Authorization**

a) All covered supports and services and diagnostic services shall require a written prior authorization as a condition of DSCC financial assistance, except for the following:

1) Outpatient appointments for specialty providers;

2) Co-pays related to the medically eligible condition and associated health impairment;

3) Deductibles related to the medically eligible condition and associated health impairment;

4) Routine laboratory and diagnostic tests for management and monitoring of the medically eligible condition and associated health impairment; and

5) Medical reports.

b) Authorization shall be provided prior to receipt of the covered support or service and diagnostic service, except as allowed in subsection (c).

c) DSCC may retroactively pay for covered supports and services and diagnostic services:

1) For an applicant child, pursuant to Section 1200.60(b) and (c).

2) For a recipient child, when DSCC is notified within 30 days after the rendering of the covered support and service or diagnostic service. The 30 days may be waived for good cause shown.

d) Authorizations shall minimally include, as applicable, the number of professional outpatient service visits approved, the time period of the authorization, and a description of the equipment or service to be provided, with medical justification.

e) Services, drugs or equipment that are duplicative of those authorized or exceed DSCC authorized limits shall not be covered.

f) All hospitalizations and all equipment purchases are subject to separate authorizations for each occasion of the service.

g) Supports or services provided that differ in any way from those approved are not guaranteed for payment.