Physical health, behavioral health and Long-Term Services and Supports (LTSS) prior authorizations

Call 1-833-900-2262 Monday through Friday, 8 a.m. to 5 p.m. ET, except on North Carolina holidays.

Prior Authorization Fax: 1-833-893-2262

Providers can also use Jiva for online prior authorization via our secure provider portal (NaviNet) by going to www.navinet.navimedix.com.

Admission notification, concurrent review and discharge planning

Call: 1-833-900-2262
Fax: 1-833-894-2262

Providers can also use Jiva for online prior authorization via our secure provider portal (NaviNet) by going to www.navinet.navimedix.com.

Prior Authorization Lookup Tool

Before submitting your request, use our Prior Authorization Lookup Tool (www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx) to find out if a service requires prior authorization.

Pharmacy prior authorizations

Call: 1-866-885-1406
Fax: 1-877-234-4274

After hours, and on weekends and holidays, call Member Services at 1-855-375-8811 for prior authorization assistance.

Referrals

AmeriHealth Caritas North Carolina does not require referrals.

Prior authorization

The list of services requiring prior authorization is subject to change. If you do not see the service you are seeking, please call Provider Services at 1-888-738-0004 for the most up-to-date list of prior authorization information.

Physical health care services requiring prior authorization:

- All out-of-network services, excluding emergency services
- All services that may be considered experimental and/or investigational
- All miscellaneous/unlisted or not otherwise specified codes
- All services not listed on the AmeriHealth Caritas North Carolina Department of Health and Human Services (DHHS) Fee Schedule
- All unlisted or miscellaneous items, regardless of cost
- Chiropractic care (prior authorization required for members ages 18 and under)
- Cochlear implantation
- Contact lenses (including dispensing fees)
- Durable medical equipment (DME)
  - Items with billed charges equal to or greater than $750
  - DME leases or rentals and custom equipment
  - Diapers/pull-ups (age 3 and older) for amounts over the state published quantity limits
  - Enteral nutritional supplements
  - Prosthetics and custom orthotics
  - Negative pressure wound therapy
  - Implantable bone conduction hearing aids (BAHA) — must be FDA-approved over the state published quantity limits
- Elective air ambulance
- Elective procedures, including, but not limited to: joint replacements, laminectomies, spinal fusions, discectomies, vein stripping, laparoscopic/exploratory surgeries
- Gastric restrictive procedure and surgeries
- Gastroenterology services (codes 91110 and 91111 only)
- Gender reassignment services
- Genetic testing
- Home-based services:
  - Home health care (physical, occupational and speech therapy) and skilled nursing (after six combined visits, regardless of modality)
  - Home infusion services and injections (see pharmacy list of HCPCS codes that require prior authorization)
  - Home health aide services
  - Private duty nursing (extended nursing services)
  - Personal care services
  - Hospice inpatient services
Physical health care services requiring prior authorization (continued):

- Hyperbaric oxygen
- Hysterectomy (Hysterectomy Consent Form required)
- Implanted devices (over $750)

Inpatient services:
- All inpatient hospital admissions, including medical, surgical, skilled nursing, long-term acute and rehabilitation services
- Obstetrical admissions, newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section
- Medical detoxification
- Elective transfers for inpatient and/or outpatient services between acute care facilities
- Long-term care initial placement (while enrolled with the plan — up to 90 days)

Out-of-network specialty visits

Pain management (including but not limited to):
- External infusion pumps
- Spinal cord neurostimulators
- Implantable infusion pumps
- Radiofrequency ablation
- Nerve blocks
- Epidural steroid injections

Reconstructive Plastic surgery

Soft band bone conduction hearing aid
- Replacement of identical replacement sound processor — not covered under warranty
- Replacement for sound processor when request is for an upgraded processor
- Cochlear and auditory brainstem implant external parts replacement and repair
- All speech processors not covered under warranty
- Replacement for speech processor when request is for an upgraded processor

Surgical services that may be considered cosmetic, including:
- Blepharoplasty
- Mastectomy for gynecomastia
- Maxillofacial (all codes applicable)
- Panniculectomy
- Septoplasty

Therapy (speech, occupational, physical)
- Speech, occupational and physical therapy require prior authorization after the first 12 visits per modality per calendar year. This applies to private and outpatient facility-based services.

Termination of pregnancy
- First- and second-trimester terminations of pregnancy require prior authorization and are covered in the following two circumstances:
  » The member’s life is endangered if she were to carry the pregnancy to term
  » The pregnancy is the result of an act of rape or incest
- Submit the physician’s certification on the Abortion Justification Form and the complete medical record. The form must be completed in accordance with the instructions.
- The medical records and Abortion Justification Form will be retained by the plan.

Transplants, including transplant evaluations

Radiology services requiring prior authorization

To request prior authorization for the outpatient radiology services below, contact AmeriHealth Caritas North Carolina’s radiology benefits vendor, National Imaging Associates Inc. (NIA):

Monday through Friday, 8 a.m. to 8 p.m. ET: 1-800-424-4953. Any time: www.radmd.com. Weekends, holidays, and after hours: www.radmd.com (or leave a voice message at 1-800-424-4953).

- Nuclear cardiology
- Computed tomography angiography (CTA)
- Coronary computed tomography angiography (CCTA)
- Computed tomography (CT)
- Magnetic resonance angiography (MRA)
- Magnetic resonance imaging (MRI)
- Myocardial perfusion imaging (MPI)
- Positron emission tomography (PET)
Physical health services that do not require prior authorization by AmeriHealth Caritas North Carolina:

- Emergency department services (in-network and out-of-network)
- Observation stays (except for maternity — notification is required)
- Low-level plain films — X-rays, EKGs
- Family planning services (in-network and out-of-network)
- Post-stabilization services (in-network and out-of-network)
- EPSDT screening services
- Women’s health care (OB-GYN services)
- Routine vision services
- Dialysis
- Postoperative pain management (must have a surgical procedure on the same date of service)
- Services rendered at school-based clinics
- Primary care provider (PCP)
- Local health department

Physical health services requiring notification

Providers will be asked to notify AmeriHealth Caritas North Carolina when the following services are delivered:

- Newborn deliveries
  - Maternity obstetrical services (after first visit) and outpatient care (includes observation)
  - Continuation of covered services for a new member transitioning to the plan the first 90 calendar days of enrollment

Behavioral health services requiring prior authorization:

- All out-of-network services, except emergency services
- Ambulatory detoxification
- Behavioral health inpatient
- Behavioral health partial hospitalization
- Electroconvulsive therapy (ECT)
- Medically supervised or alcohol or drug abuse treatment center detoxification crisis stabilization/ADATC (following first eight hours or one business day of admission)
- Mobile crisis management (for units beyond the initial 32)
- Professional treatment services in facility-based crisis programs (following the initial seven days/112 units)
- Nonhospital medical detoxification
- Outpatient opioid treatment

Behavioral health services that do not require authorization/notification

No referral or authorization is required for a mental health or substance dependence assessment.

- Medication-assisted treatment (MAT)
- Psychiatric and substance use disorder outpatient and medication management services
  - Adult (age 21 and over) benefit limitation is 8 units per state fiscal year
  - Children and adolescents (under age 21) requiring more than 16 units per state fiscal year will require a prior authorization
- Diagnostic assessment
- Outpatient behavioral health emergency department services
- Peer-support services (24 visits allowed in a fiscal year)
- Psychological testing (eight hours/units allowed in a fiscal year)

Behavioral health services requiring notification

For certain behavioral health services, notification is required:

- Behavioral health urgent care
- First 32 units of mobile crisis management (within two business days post-service)
- Facility-based crisis services for children and adolescents (within two business days post-service)
- Professional services in facility-based crisis programs (within seven business days/112 units)

Long-Term Services and Supports (LTSS) requiring prior authorization

- AmeriHealth Caritas North Carolina will authorize LTSS based on a member’s current needs assessment. Treatment will be consistent with their person-centered service care plan.

www.amerihealthcaritasnc.com