

Provider Prior Authorization Guide

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

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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

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.



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

- Peer support services (following 24 unmanaged visits in a fiscal year)
- Psychiatric inpatient hospitalization, including Institute for Mental Disease
- Psychological testing (following eight hours/units in a fiscal year)

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.

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