

# Provider Prior Authorization Guide

## Physical health services, behavioral health services and Long-Term Services and Supports (LTSS)

For prior authorization, Monday through Friday, 8 a.m. to 5 p.m. ET, except on North Carolina holidays, call: **1-833-900-2262**

Prior authorization fax: **1-833-893-2262**

Admission notification fax: **1-833-893-2262**

Discharge planning (or concurrent review) 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](http://www.navinet.navimedix.com).

For prior authorizations after hours, weekends and holidays, call Member Services at **1-855-375-8811**.

For pharmacy prior authorization requests, contact PerformRx<sup>SM</sup>: **1-866-885-1406** (fax: **1-877-234-4274**).

For pharmacy prior authorizations after hours, weekends and holidays, call Pharmacy Member Services at **1-855-375-8811**.

**This list 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 prior authorization information.

## Referrals

AmeriHealth Caritas North Carolina does not require referrals.

## Prior authorization

A member does not need authorization to see a primary care provider or to go to a local health department.

### 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 Fee Schedule
- Out-of-network specialty visits
- Elective air ambulance

#### Inpatient services:

- All inpatient hospital admissions, including medical, surgical, skilled nursing, long-term acute and rehabilitation services
- Behavioral health
- 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)
- 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

#### 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 and must accompany the claims for reimbursement. All claims and certification forms will be retained by the plan.



**Termination of pregnancy (continued)**

- Submit the Abortion Justification Form with the claim for reimbursement. The Physician’s Abortion Justification Form must be submitted in accordance with the instructions on the certification/form. The claim form, medical records and Abortion Justification Form will be retained by the plan.

**Therapy (speech, occupational, physical)**

Speech, occupational and physical therapy require prior authorization after initial assessment or reassessment. This applies to private and outpatient facility-based services.

- Transplants, including transplant evaluations

**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
- All unlisted or miscellaneous items, regardless of cost
- Negative pressure wound therapy
- Implantable bone conduction hearing aids (BAHA) — must be FDA-approved
- 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
- Hyperbaric oxygen
- Gastric restrictive procedure and surgeries
  - Hysterectomy (Hysterectomy Consent Form required)
  - Elective procedures (including but not limited to): joint replacements, laminectomies, spinal fusions, discectomies, vein stripping, laparoscopic/exploratory surgeries
- Surgical services that may be considered cosmetic, including:
 

- Blepharoplasty	- Plastic surgery/ cosmetic dermatology
- Mastectomy for gynecomastia	- Reduction mammoplasty
- Mastopexy	- Septoplasty
- Maxillofacial	- Breast reconstruction not associated with a diagnosis of breast cancer
- Panniculectomy	
- Penile prosthesis	

- Hysterectomy (Hysterectomy Consent Form required)
- Cochlear implantation
- Pain management (including but not limited to):
 

- External infusion pumps	- Radiofrequency ablation
- Spinal cord neurostimulators	- Nerve blocks
- Implantable infusion pumps	- Epidural steroid injections
- The following radiology services, when performed as an outpatient service, require prior authorization by AmeriHealth Caritas North Carolina’s radiology benefits vendor, National Imaging Associates Inc. (NIA).
 

- CT scan	- MRA
- PET scan	- Nuclear cardiac imaging
- MRI	

**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: **1-800-424-4791**.  
Any time: [www.radmd.com](http://www.radmd.com). Weekends, holidays, and after hours: [www.radmd.com](http://www.radmd.com) (or leave a voice message at **1-800-424-4791**).

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|--|---------------------------------------|
| • Computed tomography (CT) scan.           | • Magnetic resonance angiogram (MRA). |
| • Positron emission tomography (PET) scan. | • Nuclear cardiac imaging.            |
| • Magnetic resonance imaging (MRI).        |                                       |

**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



**Physical health services requiring notification**

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

- All newborn deliveries
- Maternity obstetrical services (after first visit) and outpatient care (includes observation)

**Behavioral health services requiring prior authorization**

- All out-of-network services, except emergency services
- Psychiatric inpatient hospitalization, including institution for mental disease
- Behavioral health partial hospitalization
- Mobile crisis management (for units beyond the initial 32)
- Professional treatment services in facility-based crisis programs (following the initial seven days/112 units)
- Outpatient opioid treatment
- Ambulatory detoxification
- Substance abuse comprehensive treatment program (following the first 60 days in a fiscal year pass through)
- Substance abuse intensive outpatient program (following the first 30 days in a fiscal year pass through)
- Non-hospital medical detoxification
- Medically supervised or alcohol or drug abuse treatment center detoxification crisis stabilization/ADATC (following first eight hours of admission)
- Electroconvulsive therapy (ECT)
- Psychological testing

**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

**Behavioral Health Services Requiring Notification**

For certain behavioral health services, notification is required:

- 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)
- Substance abuse comprehensive treatment program (for the first 60 days in a fiscal year pass through)
- Substance abuse intensive outpatient program (the first 30 days in a fiscal year pass through)

**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.