

SERVICES THAT REQUIRE PRIOR AUTHORIZATION:

- All elective (scheduled) inpatient hospital admissions medical and surgical including rehabilitation.
- All elective transplant evaluations and procedures.
- Elective/non-emergent air ambulance transportation.
- All elective transfers for inpatient and/or outpatient services between acute care facilities.
- Skilled nursing facility admission for alternate levels of care in a facility, either free-standing or part of a hospital, that accepts patients in need of skilled-level rehabilitation and/or medical care that is of a lesser intensity than that received in a hospital, not to include long-term care placements.
- Gastroenterology services – (codes 91110 and 91111 only).
- Bariatric surgery.
- Pain management services performed in a short procedure unit (SPU) or ambulatory surgery unit (either hospital-based or free-standing) and pain management services not on the Medical Assistance fee schedule performed in a physician’s office.
- Cosmetic procedures regardless of treatment setting including but not limited to the following: reduction mammoplasty, gastroplasty, ligation and stripping of veins, and rhinoplasty.
- Outpatient therapy services (physical, occupational, speech).
 - Prior authorization is not required for an evaluation and up to 24 visits per discipline within a calendar year.
 - Prior authorization is required for services exceeding 24 visits per discipline within a calendar year.
- Home health services performed by a network provider.
 - Prior authorization is not required for up to six visits per modality per calendar year including: skilled nursing visits by an R.N. or L.P.N.; home health aide visits; physical therapy; occupational therapy; and speech therapy.
 - The duration of services may not exceed a 60-day period. The member must be re-evaluated every 60 days.
 - **All** shift care/private duty nursing services require prior authorization including services performed at a medical daycare or prescribed pediatric extended care center (PPECC).
 - Injectables.
 - Home sleep study.
- Durable medical equipment (DME) monthly rentals:
 - DME monthly rentals of items in excess of \$750 per month.
- DME purchases:
 - Purchase of all items in excess of \$750.
 - The purchase of **all** wheelchairs (motorized and manual) and all wheelchair items (components) regardless of cost per item.

- Enterals:
 - Prior authorization is required for members over age 21, regardless of cost.
 - Prior authorization is required when the request is in excess of \$500/month for members under age 21.
- Diapers/Pull-ups:
 - Any request in excess of 300 diapers or pull-ups per month or a combination of both requires prior authorization. Any request in excess of 300 diapers or pull-ups or a combination of both will be reviewed for medical necessity.
 - Requests for brand-specific diapers require prior authorization.
 - Requests for diapers supplied by a DME provider (other than J&B Medical Supply) require prior authorization. Refer to the DME section of the Provider Manual for complete details.
- Select radiological exams — **excludes** radiological studies that occur during inpatient, emergency room, and/or observation stays.
 - Positron emission tomography.
 - Magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA).
 - Nuclear cardiology diagnostic testing.
 - Computed axial tomography (CT/CAT scans) and CT angiography.
 - Prior authorization for these radiological exams is obtained by National Imaging Associates (NIA) at www.radmd.com or calling:
 - 1-800-424-5657 for AmeriHealth Caritas Pennsylvania members.
 - 1-800-588-8142 for AmeriHealth Caritas Northeast members.
- Cardiac or pulmonary rehabilitation.
- Chiropractic services after the initial visit.
- Any service(s) performed by nonparticipating or noncontracted practitioners or providers, unless the service is an emergency service.
- All services that may be considered experimental and/or investigational.
- Neurological psychological testing.
- Genetic laboratory testing.
- All miscellaneous/unlisted or not otherwise specified codes.
- Any service/product not listed on the Medical Assistance fee schedule or services or equipment in excess of limitations set forth by the Department of Human Services fee schedule, benefit limits, and regulation. (Regardless of cost, i.e., above or below the \$750 DME threshold).
- Ambulance transportation to and from a PPECC/medical daycare.
 - Guidelines:
 - Member is <21 years of age.
 - Member is approved for services at a PPECC/medical daycare.
 - Member requires intermittent or continuous oxygen, ventilator support,

- and/or critical physiologic monitoring or critical medication(s) during transport requiring ambulance level of care.
- There are no existing mechanisms for caregivers to transport the member.
 - Requests for ambulance services are prior authorized along with initial request for PPECC/medical daycare services, with each reauthorization of medical daycare services, and/or when there is a change in level of care regarding oxygen, ventilator support, and/or specific medical treatment during transport.
 - Member Services' Transportation Department will be notified with each ambulance approval to initiate and/or continue ambulance transport services.
- Select prescription medications. For information on which prescription drugs require authorization, see the Plan's Formulary at www.amerhealthcaritaspa.com or www.amerhealthcaritasnortheast.com →Pharmacy→ Searchable Formulary.
 - Select dental services. For information on which dental services require prior authorization, please refer to the Dental Services section of the Provider Manual.
 - Elective termination of pregnancy – Refer to the Termination of Pregnancy section of the Provider Manual for complete details.

PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT FOR THE SERVICE(S) AUTHORIZED. THE PLAN RESERVES THE RIGHT TO ADJUST ANY PAYMENT MADE FOLLOWING A REVIEW OF MEDICAL RECORD AND DETERMINATION OF MEDICAL NECESSITY OF SERVICES PROVIDED.

Any additional questions regarding prior authorization requests may be addressed by calling:

| Plan Name | Utilization Management/Prior Authorization Phone Number |
|----------------------------------|---|
| AmeriHealth Caritas Pennsylvania | 1-800-521-6622 |
| AmeriHealth Caritas Northeast | 1-888-498-0504 |

January 20, 2017