



## REVISED AUTHORIZATION GUIDELINES

June 1, 2009

Dear Peach State Hospital Providers:

This bulletin serves as notification that effective **September 1, 2009**, Peach State Health Plan's (Peach State) Authorization requirements will change for certain services. Additional information regarding this change can also be found on our website at [www.pshp.com](http://www.pshp.com). Listed below are details related to the authorization changes.

### AUTHORIZATION REQUIRED:

- Sleep Studies performed in an outpatient setting

### NOTIFICATION REQUIRED:

- **Notification of Healthy Newborns Only FAX to: 1-866-532-8834**

Please fax the newborn delivery notification forms along with the newborn's Medicaid Identification number by the **discharge date from the hospital**.

Hospitals are not required to fax or call into the plan information regarding the delivery when the patient is initially admitted for delivery.

### The following information is required once the delivery is complete in order to review the claim for reimbursement approval:

- Member Name and Medicaid Number (mother)
- Newborn Name (*Note: In the event, a name has not been selected for the Newborn at the time of discharge, please submit with the Newborn's gender: Baby boy or Baby Girl and Last Name, ex. Baby boy Smith*) and **Medicaid Number**
- Facility Name, Physician Name
- Admit date, delivery date, type of delivery
- Gender, weight and Apgar score of the Newborn, and Gestational age of the newborn (if known)

**Newborns that are not discharged home with the mother (admitted to NICU, Special Care Nursery, etc.) require admission notification by the next business day.**

As always, thank you for your participation with Peach State Health Plan. If you have questions or need additional information about these changes, please contact the Provider Services Department at 1-866-874-0633.

Sincerely,

Peach State Health Plan