



July 1, 2007

Dear Peach State Provider:

This bulletin serves as notification that effective **August 1, 2007**, Peach State Health Plan's (Peach State) Authorization requirements will be changing for certain services. In the past Peach State required prior authorization for a limited number of services. Rather than looking at services prospectively, our model includes a review of data retrospectively to identify trends and outliers that may indicate areas or services that require additional review by the plan. Included with this notice is an Authorization Guide that outlines the prior authorization changes we will be implementing as a result of our review.

In addition to the authorization changes, we will also be implementing several other changes as outlined below:

CareCentrix – New Vendor for Home Care and DME Services

- Starting August 1, 2007, CareCentrix will coordinate and manage the authorization and claim payment process for the following services through the CareCentrix provider network for Peach State members:
 - Traditional Home Health
 - Home Infusion
 - Medical equipment/DME supplies
 - Orthotics and Prosthetics
 - See enclosed a Prior Authorization Guide that outlines the contact information and process for obtaining approval

- **New Stat Laboratory list:**
 - Starting on August 1, 2007, the only laboratory services that will be reimbursable in an office setting are those listed on the enclosed STAT Lab list.
 - All office laboratory services except those listed on the enclosed STAT Lab list must be directed to our contracted Lab providers.

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 Dept. at 1-866-874-0633.

Sincerely,

Peach State Health Plan

July 1, 2007



Effective August 1, 2007, listed below are lab services that can be performed and reimbursed in an office setting. **All other office based lab services must be submitted through our contracted laboratory vendors.**

CPT CODES	DESCRIPTION
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81005	Urinalysis; qualitative or semi-quantitative, except immunoassays
81025	Urine pregnancy test, by visual color comparison methods
82270	Blood, occult, by peroxidase activity (eg, guaiac); feces, 1-3 simultaneous determinations
82272	Blood, occult, by peroxidase activity, single specimen
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82947	Glucose; quantitative, blood (except reagent strip)
82948	Glucose; blood, reagent strip
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
84030	Phenylalanine (PKU), blood
84703	Gonadotropin, chorionic (HCG); qualitative
85004	Blood count; automated differential wbc count
85007	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
85013	Blood count; spun micro-hematocrit
85014	Blood count; other than spun hematocrit
85018	Blood count; hemaglobin
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85024	Blood count; hemogram and platelet count, automated, and automated partial differential WBC count (CBC)
85032	Blood count; manual cell count (erythrocyte leukocyte or platelet) each
85049	Blood count; platelet automated
85610	Prothrombin time
85651	Sedimentation rate, erythrocyte; non-automated
85730	Thromboplastin time, partial (PTT); plasma or whole blood
86308	Heterophile antibodies; screening
86403	Particle agglutination; screen, each antibody
86580	Skin test; tuberculosis, intradermal
86710	Antibody; influenza virus
87070	Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates
87081	Culture, presumptive, pathogenic organisms, screening only
87086	Culture, bacterial; quantitative colony count, urine

87088	Culture, bacterial; with isolation and presumptive identification of isolates, urine
87177	Ova and parasites, direct smears, concentration and identification
87205	Smear, primary source with interpretation, Gram or Giemsa stain for bacteria, fungi, or cell types
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87400	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Influenza, A or B, each
87430	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Streptococcus, group A
87480	Infectious agent detection by nucleic acid (dna or rna); candida species, direct probe technique
87510	Infectious agent detection by nucleic acid (dna or rna); gardnerella vaginalis, direct probe technique
87660	Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, direct probe technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
89055	Leukocyte count fecal
G0306	Complete CBC, automated (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) and automated WBC differential count
G0307	Complete (CBC), automated (HGB, HCT, RBC, WBC, without platelet count)
Q0111	Wet mounts, including preparation of vaginal, cervical or skin specimens
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g. galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d, phenylalanine (PKU); and thyroxine, total

Note:

- **All other laboratory services must be directed to our contracted laboratory providers.**
- **Specialty lab services will continue to be submitted through Doctors Laboratory, Genzyme Genetics, Finan Dermatopathology, Atlanta Dermatology and Pathology and Chatham County Board of Health Lab.**

**Prior Authorizations Requirements
Effective: August 1, 2007**

To expedite your request, the fax numbers shown below are solely dedicated to specific notification or authorization services. If the request is urgent, contact us via phone, adhering to the guidelines in the Authorization Request section of the Provider Manual.

Prior Authorization or Notification Required

The services listed require an authorization, to obtain an authorization, complete and fax the **Prior Authorization Form to 770-805-4456, toll free 1-866-532-8835**

Ancillary Services

- Occupational, Physical and Speech Therapy (except the initial evaluation)
- Hearing aids and devices

Inpatient Services

- All hospital admissions
 - Clinical updates for medical review by nurses
- Notification of Newborn deliveries by the next business day
- Domiciliary, rest home and custodial care admissions

Outpatient Services

- All services performed in an outpatient hospital or ambulatory surgery setting associated with an Observation stay
- All subsequent specialist visits (initial consultation does not require PA)
- MRI/MRA, CT scans, PET scans
- All services performed at non-participating facilities
- Dialysis
- Hospice Care/Respite services
- New technology, Experimental/Investigational procedures
- Nutritional counseling
- OB ultrasounds (2 per pregnancy without authorization; CPT 76801 or 76805 for routine pregnancies as appropriate)
- Pain Management Program/Services including office visits
- Rehabilitation facility admissions
- Skilled facility admissions
- Specialty Injectable Drugs
- Cardiac and Pulmonary Rehabilitation programs (Respiratory Therapy Services)
- Transplant evaluation
- Dental Surgery (provided in an inpatient or outpatient setting with anesthesia)
- Vasectomy
- Abortions
- Tubal Ligations
- Non-emergent ground or air transport
- Outpatient Services by a non-participating facility or vendor (excludes lab and x-ray)
- Non-participating or out of network specialists
- Non-participating or out of network facility service

Prenatal Notification Form – Fax: 1-866-681-5125

Submit notification of expectant mothers within 15 days of first prenatal visit.

Urgent Authorization Request/Notification

Call the UM department at 1-800-704-1483 and follow the prompts. NurseWise staff is available 24/7 and for After Hours calls. To notify the plan of unplanned inpatient and observation hospital admissions within 24 hours of admission, complete a prior authorization request, or call the Medical Management department. The notification must be followed by a submission of clinical information by the next business day to the designated UM Nurse (by fax or telephone).

PLEASE NOTE: Failure to obtain the required prior approval or pre-certification may result in a denied claim. This guide is not intended to be an all-inclusive list of covered services but it substantially provides current referral and prior authorization instructions. All services/procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

CareCentrix – DME and Home Care Vendor

- Effective August 1, 2007, CareCentrix will coordinate and manage the authorization and claim payment process for the following services through the CareCentrix provider network for Peach State members:
 - Home Health
 - Home Infusion
 - Durable Medical Equipment and supplies
 - Orthotics and Prosthetics
 - Contact CareCentrix via phone, fax or via the website to obtain authorization
 - Phone: 1-888-999-2422
 - FAX: Initial Authorizations: 1-800-218-4219
 - Re-authorizations: 913-814-4310
 - Website: www.carecentrix.com

Prior Authorization NOT Required

Emergency/Urgent Care

- Emergent transportation services
- Urgent or emergent care services rendered in emergency rooms and urgent care centers

Primary Care

- Primary care provider office visits and minor procedures, Including EPSDT (Early and Periodic Screening Diagnostics Treatment Health Check)
- Routine x-ray and certain diagnostic tests and procedures that are considered by the health plan to be routinely part of an office visit.

Maternity/OB

- Annual wellness exam, including pap-smear
- Labor checks
- Normal deliveries (notification required)
- OB Ultrasounds, up to two for routine pregnancies

Specialists

- Referrals for an initial consultation by participating specialists for the following CPT codes: 99201-99205, 99241-99245
- Routine x-ray and certain diagnostic tests and procedures that are considered by the health plan to be routinely part of an office visit.

OBGYN, Ophthalmology and Dermatology do not require Prior Authorization

Laboratory

- Routine Laboratory tests consistent with CLIA guidelines listed on Peach State's office laboratory test list.
- All other office based lab services must be directed to our contracted providers.

Other – No Authorization Required

- Family Planning Services
- Hearing evaluations

*CPT code and/or description must be included with PA request

Chiropractic Services are not a covered benefit.