



Prior Authorizations Requirements Effective: September 1, 2009

Utilization Review/Prior Authorization

Phone: 1-800-704-1483 Fax: 1-866-532-8834

Case Management

Phone: 1-800-504-8573 Fax: 1-866-532-8835

Monday thru Friday 8:00 a.m. to 5:30 p.m.

Health Information

NurseWise 1-800-704-1484 option 7

- 24 hour free health information phone line. The nurse triage service provides access to a broad range of health-related services including health education, urgent pharmacy re-fills, transportation for treatment, and crisis interventions.

Pharmacy

Pharmacy Services

US Script (for oral and topical drugs) 800-460-8988
866-399-0929 Fax

CareMark (for specialty injectable drugs) 800-237-2767
800-323-2445 Fax

Peach State Health Plan Pharmacy 800-237-2767
800-323-2445 Fax

A Pharmacy Authorization Is Required For The Following:

- Drugs not listed on the Preferred Drug List
- Some PDL drugs which have quantity limits, age limits, or noted PA requirement
- Duplication of drug therapy
- Dosing that exceeds the FDA daily or monthly quantity maximum
- Most self-injectable and infusion drugs
- Prescriptions that exceed \$1000 per prescription (some exceptions apply), and/or plan limitations
- Brand name request when a generic exists
- Drug that has a step edit and the first line therapy is inappropriate
- Family Planning Services (excludes fertility) as identified below:
 - Prior notification is required for both Mirena and ParaGard IUDs. Peach State must be notified prior to insertion to guarantee payment. Please use the notification form found on the website.

Notification

Pregnancy Notification Form FAX to: 1-866-681-5125

- Submit notification of expectant mothers within 30 days of first prenatal visit.

Hospital 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.

Hospital Notification of Observations *The effective date for the highlighted changes is based on your individual hospital contract.*

Notification of all observations is required by the next business day. The notification must include clinical information supporting the observation. The hospital will receive an authorization number for claims submission and reimbursement within 5 business days of the notification receipt. All observations are subject to retrospective review for medical necessity and appropriateness of care setting.

PLEASE NOTE: Failure to obtain the required prior approval/pre-certification from Peach State will 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. The Plan will retrospectively review services which do not require prior authorization to ensure quality of care.
Revised: 6/2009

URGENT Requests and Admission Notifications - Call 1-800-704-1483 and follow the prompts.

- To notify the Plan of inpatient hospital admissions and observations within 1 business day of admission. A telephone authorization must be followed by a fax submission of clinical information - by the next business day.
- You may also call to request outpatient authorizations for urgent and time sensitive services when warranted by the patient's condition. Please include CPT and ICD-9 codes and place of service codes with your authorization request.

ROUTINE/ELECTIVE Requests - Submit the request for authorization a minimum of 5 business days prior to initiating the service or procedure. FAX: 1-866-532-8834

Prior Authorization Required

Phone: 1-800-704-1483 (urgent requests only)

Fax: 1-866-532-8834 Website: www.pshp.com

Fax your request to the numbers listed above. Note that Place of Service codes (POS) is required for all services. Please include CPT and ICD-9 codes with your authorization request.

- All services by non-participating providers or facilities require authorization (ALL POS).

Ancillary Services

- Hearing aids

Inpatient Services

- All planned admissions (acute, rehab, SNF, LTAC)
- Transition of Care
- Non-emergent Transfers
- Elective C/Sections** for deliveries less than 39 weeks of gestational age

Outpatient Services

- All services performed in an outpatient hospital setting
- Cardiac/Pulmonary Rehabilitation programs
- Domiciliary, rest home and custodial care
- Laboratory Tests - Reproductive
- MRI, MRA, CAT scans
- New technology and experimental procedures
- Nutritional counseling
- OB ultrasounds (beyond the second ultrasound)
- Pain Management Program, (excluding office visits)
- Non-Emergent transportation including Air, Water, and Ground
- Cosmetic/Plastic Surgery Procedures
- Sleep studies

TRS (Therapy Review Services)

- Occupational, Physical and Speech Therapy (except the initial evaluation)
- To obtain authorization submit your request to:
- Website: www.thersys.com
- FAX: 1-866-228-2471**
- Phone: 1-866-409-7572**

CareCentrix

- Home Health
- Home Infusion
- Durable Medical Equipment and supplies > \$250.00
- Orthotics and Prosthetics
- To obtain authorization contact CareCentrix:
 - Phone: 1-877-877-9899**
 - FAX: Initial Authorizations: 1-800-218-4219**
 - FAX: Re-authorizations: 1-913-814-4310**
 - Website: www.carecentrix.com

No Authorization Required

Ambulatory Surgery Centers "Effective 09/01/09"

- Procedures and diagnostics performed at participating Ambulatory Surgery Centers by participating providers
- *Non-participating providers must obtain prior authorization**
- *All procedures of a cosmetic nature, require prior authorization**

Emergency Transportation

- Emergent transportation services including Air, Water, and Ground
- All air transport is subject to retrospective medical necessity review. The medical records from the releasing facility are required with claims submission.

Urgent Care

- 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)
- *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
- OB Ultrasounds (up to two for routine pregnancies)

Specialists

- Dermatology
- Ophthalmology

Laboratory

- Routine Laboratory tests consistent with CLIA guidelines (participating and non-participating)

Radiology

- *Plain X-rays in a free-standing imaging center, provider office or clinic or in rural hospitals. (participating and non-participating)

Other

- Hearing evaluations *CPT code must be included with request and claim submission

Contracted Networks

For authorizations and customer service related to services provided by contracted networks, please contact the following:

Behavioral Health Cenpatico **800-947-0633**

(Including Inpatient/Outpatient Mental Health Alcohol/Substance abuse)

Dental DentaQuest **800-516-0124 Website: www.dentaquestgov.com**

Vision Opticare **866-458-2139**

(Routine vision checks, glasses and contacts)

Place of Service Codes (POS)

11-Office	50-FQHC
20-Urgent Care Facility	61-Inpatient Rehab
21-Inpatient Hospital	62-Outpatient Rehab
22-Outpatient Hospital	65-ESRD
23-Emergency Room	71-Public Health Clinic
24-Ambulatory Surgery Center	72-Rural Health Clinic
31-Skilled Nursing Facility	81-Laboratory
32-Nursing Facility	

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