

Prior Authorization Requirements

Effective: February 2021



Utilization Review/Prior Authorization

Phone: 1-800-704-1483 • Fax: 1-866-532-8834
Monday thru Friday 8:00 a.m. to 5:30 p.m.

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

Involve PeopleCare 1-800-704-1483 follow the prompts to speak with a nurse

- 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 refills, transportation for treatment, and crisis interventions.

Involve Pharmacy Solutions

- Involve Pharmacy Solutions (for oral and topical drugs) 1-800-460-8988
1-866-399-0929 Fax
- Peach State Health Plan Pharmacy 1-800-514-0083 opt. 2
(for Medical Pharmacy Benefit/Provider Administered Drugs) 1-866-374-1579 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
- Brand name request when a generic exists
- Drug that has a step edit and the first line therapy is inappropriate

Contracted Networks

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

Dental Involve Dental 1-844-464-5632, Website: <https://pwp.envolvedental.com>

Vision Involve Vision 1-800-531-2818 (Routine vision checks, glasses and contacts)
<https://visionbenefits.envolvehealth.com/logon.aspx>

New Century Health

- Oncology Quality Management: Chemotherapy and Radiation Oncology used for cancer treatments
- Phone: 888-999-7713, opt. 1
- Web Portal: <https://my.newcenturyhealth.com>

NIA (National Imaging Association)

- Radiology
- To obtain authorization contact NIA:
Website: www.radmd.com
Phone: 1-888-642-4723 or 1-800-704-1483

Notification

Submit notifications of expected members within 30 days of the first prenatal visit at:
www.mmis.georgia.gov

Hospital Notification of Healthy Newborns Only

Please submit newborn delivery notifications on the Department of Community Health Centralized Prior Authorization Portal (www.mmis.georgia.gov). 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

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

Outpatient observation stays will not require notification. Outpatient observations stays over 24 hours will require retrospective medical record review for payment consideration.

Labor Check

Labor Checks do not require notification or prior authorization but OB observations are applicable to notification of observation rule.

PLEASE NOTE: Failure to obtain the required prior approval/pre-certification from Peach State Health Plan 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.

- Submit notification of inpatient hospital admissions with clinical information, by next business day of the admission at: www.mmis.georgia.gov.
- You may also call 1-800-704-1483 to request outpatient authorizations for urgent and time sensitive services when warranted by the patient's condition. Please include CPT and ICD-10 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.

Prior Authorization Required

Prior Authorization Requirements are located on the Peach State Health Plan's online "Pre-Auth Check."

<https://www.pshpgeorgia.com/providers/preauth-check/medicaid-pre-auth.html>

www.mmis.georgia.gov

Fax: 1-866-532-8834

Phone: 1-800-704-1483

Note that the Place of Service (POS) is required for all services. Please include CPT and ICD-10 codes with your authorization request.

<https://www.pshpgeorgia.com/providers.html>

Department of Community Health Centralized Prior Authorization Portal: The following services to be submitted using the [mmis.georgia.gov](http://www.mmis.georgia.gov)

- Inpatient Hospital Admissions and Outpatient Hospital or Ambulatory Surgical Center Procedures
- Durable Medical Equipment
- Children's Intervention Services
- Newborn Deliveries
- Hearing aid services
- Orthotics and Prosthetics
- Outpatient Behavioral Health Services (excluding Psychological Testing, Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP))

Fax Inpatient: 1-844-263-1379

Fax Outpatient: 1-844-870-5064

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

Fax your request to the number listed above utilizing the prior authorization fax form.

www.pshpgeorgia.com/for-providers/utilization-management

Inpatient Services

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

Outpatient Services

- Refer to online Pre-Auth Check.
- Laboratory Tests – Reproductive, Genetic and Molecular
- New technology and experimental procedures or treatment
- Occupational, Physical and Speech (except initial evaluation)
- Pain Management Program
- Non-Emergent transportation including Air; Water; and Ground
- Cosmetic/Plastic Surgery Procedures (conditional)
- Provider administered medications are included on the Pre-Auth Check tool located on the website www.pshp.com

Ancillary Services

- Hearing aids and devices

No Authorization Required

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 & 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 / Biophysical Profile (BPP)

Specialists

- Dermatology
- Ophthalmology

Laboratory

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

Place of Service Codes (POS)

11 - Office	32 - Nursing Facility
19 - Off Campus-Outpatient Hospital	50 - FQHC
20 - Urgent Care Facilit	61 - Inpatient Rehab
21 - Inpatient Hospital	62 - Outpatient Rehab
22 - On Campus-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

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