

Prior Authorization Requirements



Utilization Review/Prior Authorization

Phone: HMO-1-844-890-2326 HMO SNP- 1-877-725-7748

Fax: 1-877-689-1055 Monday thru Friday 8:00 a.m. to 5:30 p.m.

Case Management

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Health Information

Nurse Advice Line Phone: HMO-1-844-890-2326 HMO SNP-1-877-725-7748 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.

Pharmacy Services

- Envolve Pharmacy Solutions 1-866-399-0928
1-877-941-0480 Fax

A Pharmacy Authorization Is Required For The Following:

- Some formulary drugs which have quantity limits, age limits, or noted Prior Authorization requirement
- Brand name request
- Drug that has a step therapy edit

Contracted Networks

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

Behavioral Health Phone: HMO-1-844-890-2326 HMO SNP- 1-877-725-7748
(including Inpatient/Outpatient Mental Health Alcohol/Substance abuse)

Dental Envolve Dental 1-844-464-5632 (Dental Services)

Vision Envolve Vision 1-800-334-3937 (Routine vision checks, glasses and contacts)

Part B Drug Authorization

- Part B Drug list found on website
- Pharmacy Department 800-514-0083 opt 2
Fax 866-374-1579

For authorizations related to home health, home infusion, durable medical equipment and supplies, call Peach State Health Plan at: HMO-1-844-890-2326 HMO SNP-1-877-725-7748

NIA (National Imaging Association)

- Radiology
- To obtain authorization contact NIA:
 - Website: www.radmd.com
 - Phone: 1-888-642-4723 or 1-877-725-7748

Notification

Hospital Notification of Observations

Observation stay requires authorization if > 48 hours.

Labor Check

Labor Checks do not require notification or prior authorization.

Pregnancy Notification Form FAX to: 1-866-532-8835

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

Hospital Notification of Healthy Newborns Only

FAX to: 1-877-689-1055

Please fax the newborn delivery notification forms along with the newborn's 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 Medicare 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)
- 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.

Utilization Management



Expedited Requests and Admission Notifications - Call HMO-1-844-890-2326 HMO SNP- 1-877-725-7748 and follow the prompts.

- To notify the Plan of inpatient hospital admissions by next business day of the admission. Clinical information must be submitted on the day of the admission notification via telephone or fax.
- 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-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. FAX: 1-877-689-1055

Prior Authorization Required are located on the online Medicare “Pre-Auth Check” tool. <https://www.pshpgeorgia.com/providers/preauth-check/medicare-pre-auth.html>

Phone: HMO-1-844-890-2326 HMO SNP- 1-877-725-7748 (expedited requests only)

Fax: 1-877-689-1055 Website: allwell.pshpgeorgia.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-10 codes with your authorization request.

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

Ancillary Services

- Hearing aids and devices

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

- Refer to online Pre-Auth Needed? Tool
- Home Health Care - Home IV infusion, home health aid, home therapy
- New technology and experimental procedures or treatment
- Pain Management Program, (excluding office visits- POS 11)
- Non-Emergent transportation including Air; Water; and Ground
- Cosmetic/Plastic Surgery Procedures
- Provider administered medications as listed on the Part B Drug List located on the website

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)

Maternity/OB

- Annual wellness exam, including pap-smear
- Labor checks

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 Facility	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

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.