

Provider Prior Authorization Guide

Physical and Behavioral Health Services

Physical health care prior authorization

Monday through Friday, 8 a.m. to 5 p.m. ET,
except for on state of Delaware holidays, call: **1-855-396-5770**

Prior authorization fax: **1-866-497-1384**

Admission notification fax: **1-866-773-7892**

Discharge planning (or concurrent review) fax: **1-866-773-7892**

Weekends and holidays, call:

Diamond State Health Plan (DSHP) Member Services: **1-844-211-0966**

DSHP-Plus Member Services: **1-855-777-6617**

For pharmacy prior authorization requests, contact PerformRx:

DSHP and Delaware Healthy
Children Program (DCHP): **1-855-251-0966**

DSHP-Plus and DSHP-Plus Long-Term
Services and Supports (LTSS): **1-888-987-6396**

Physical health care services requiring prior authorization

The most up-to-date list of services requiring prior authorization will be maintained in the provider area of our website at www.amerhealthcaritasde.com.

- All out-of-network services, excluding emergency services.
- All services that may be considered experimental and/or investigational.
- All miscellaneous, unlisted, or not otherwise specified codes.
- All services not listed on the AmeriHealth Caritas Delaware Fee Schedule.
- Out-of-network specialty visits.
- Elective air ambulance.
- Inpatient services:
 - All inpatient hospital admissions, including medical, surgical, and rehabilitation services.
 - Obstetrical admissions and newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section.
 - Inpatient medical detoxification.
 - Elective transfers for inpatient and/or outpatient services between acute care facilities.
 - Long-term acute care, skilled nursing facility (SNF), and rehabilitation placement.
- Gastroenterology services (codes 91110 and 91111 only).
- Gender reassignment services.
- Genetic testing.
- Home-based services:
 - Home health care.
 - Private-duty nursing if covered under benefit category.
 - Skilled nursing visits.
 - Speech, physical, and occupational therapy.
- Enteral feedings.
- Hospice inpatient services.
- 17-P or Makena infusion for pregnancy-related complications. Contact PerformRx for prior authorization requirements.
- Termination of pregnancy:
 - First and second trimester terminations of pregnancy require prior authorization and are covered in the following two circumstances:
 - » The member's life is endangered if she were to carry the pregnancy to term.
 - » The pregnancy is the result of an act of rape or incest.

- Submit the physician's certification on the Abortion Justification Form and the complete medical record. The form must be completed in accordance with the instructions and must accompany the claims for reimbursement. All claims and certification forms will be retained by the plan.

Submit claims and all appropriate forms to:
Claims Processing Department
AmeriHealth Caritas Delaware
P.O. Box 80100
London, KY 40742-0100

- Speech, occupational, and physical therapy (after 24 visits for each modality).
- Cardiac and pulmonary rehabilitation.
- Transplants, including transplant evaluations.
- DME:
 - All DME rentals.
 - Repairs for purchased DME items or equipment.
 - For billed charges over \$500.00, including prosthetics and orthotics.
 - Incontinence products (diapers, pull-ups, etc.):
 - » Authorization is required for quantity limits exceeding eight products per day (240 per 30-day month supply).
 - Purchase of all motorized wheelchairs and all wheelchair components.
 - Use of standard or non-customized DME during a facility stay would be considered part of the per diem payment for the facility (such as a standard wheelchair). Any DME that requires customization would not be regularly owned by a facility or is for use by a member on discharge from a facility would be subject to evaluation for medical necessity similar to DME in any other setting.
- Hearing services and devices (which may include, but are not limited to, FM systems and cochlear implants and devices) with a purchase price that exceeds the limits noted below:
 - Monaural hearing aids costing more than \$500.00.
 - Binaural hearing aids costing more than \$500.00.



DME (continued)

- Replacement of hearing aids that are less than four years old, except for children under 21.
- Vision services (Avēsis): Contact Avēsis via email at visionum@avesis.com or fax at 1-855-591-3566.
- Hyperbaric oxygen.
- Gastric restrictive procedure and surgeries.
- Surgical services that may be considered cosmetic, including:
 - Blepharoplasty.
 - Mastectomy for gynecomastia.
 - Mastopexy.
 - Maxillofacial.
 - Panniculectomy.
 - Penile prosthesis.
 - Plastic surgery and cosmetic dermatology.
 - Reduction mammoplasty.
 - Septoplasty.
- Inpatient hysterectomies.
- Cochlear implantation.
- Pain management.

Physical health services that require notification

- Maternity obstetrical services (after the first visit) and outpatient care (includes 48-hour observations).
- All newborn deliveries.

Radiology services requiring prior authorization

To request prior authorization for the following outpatient radiology services, contact AmeriHealth Caritas Delaware’s radiology benefits vendor, National Imaging Associates Inc. (NIA):

Monday through Friday, 8 a.m. to 8 p.m. ET 1-800-424-4791
 Anytime www.radmd.com
 Weekends, holidays, and after hours www.radmd.com
 or leave a voice message at 1-800-642-2602

- Computed tomography (CT) scan.
- Positron emission tomography (PET) scan.
- Magnetic resonance imaging (MRI).
- Magnetic resonance angiogram (MRA).
- Nuclear cardiac imaging.

Behavioral health services prior authorization

Phone: 1-855-301-5512
 Fax: 1-877-234-4273

Behavioral health services that require notification

For certain behavioral health services, notification is required within 48 hours of admission or within 48 hours prior to discharge for an authorization number to generate claims.

- Thirty visits per year of behavioral health and substance use disorder (SUD) outpatient services, including crisis intervention, crisis stabilization, and mobile crisis services for all members under age 18. After 30 visits per year, services are covered by the Department of Services for Children, Youth, and Families (DSCYF). Notification is required within 48 hours of admission. Includes all SUD services.
- Ambulatory withdrawal management (Level 2WM)
- Clinically managed residential withdrawal management (Level 3.2 WM).

Behavioral health services that require notification (continued)

- Medically monitored inpatient withdrawal management (Level 3.7 WM).
- Substance use disorder (SUD) medically managed intensive inpatient withdrawal management (Level 3.7 WM) for all members ages 18 and older, including those members enrolled in PROMISE.
 - First five days require notification within 48 hours of admission and upon discharge. If more than five days are needed, prior authorization is required.
- Mental health and substance use disorder (SUD) crisis intervention, crisis stabilization, and mobile crisis services for members ages 18 and older: Notification is required within two business days after the service for an authorization number to generate claims.
- First 14 days of SUD inpatient rehabilitation require notification within 48 hours of admission and upon discharge. If more than 30 days are needed, prior authorization is required.
- First 30 days of SUD intensive outpatient program require notification within 48 hours of admission and upon discharge. If more than 14 days are needed, prior authorization is required.

Behavioral health services requiring prior authorization

- All out-of-network services.
- Psychiatric inpatient hospitalization for members ages 18 and older. Inpatient behavioral health services for members under age 18 is managed by the Department of Services for Children, Youth, and Family (DSCYF).
- Behavioral health partial hospitalization.
- Behavioral health intensive outpatient program.
- Behavioral health residential treatment facility, including the Institution for Mental Disease (IMD).
- Transcranial magnetic stimulation (TMS).
- Vagus nerve stimulation (VNS).
- Substance use disorder (SUD) programs for all members ages 18 and older not enrolled in PROMISE:
 - Partial hospitalization program (Level 2.5).
 - Clinically managed low-intensity residential treatment (Level 3.1).
 - Clinically managed, population-specific, high-intensity residential treatment (Level 3.3).
 - Clinically managed high-intensity residential treatment (Level 3.5).
 - SUD treatment: Providers may choose to obtain prior authorization for the following services. If you do not, a retrospective medical necessity review will occur. See details below.
 - » SUD residential intensive inpatient treatment: Prior authorization is required if more than 14 days are needed.
 - » SUD intensive outpatient (Level 2.1): Prior authorization is required if more than 30 days are needed.
 - » SUD withdrawal management: Prior authorization is required if more than five days are needed.
- Electroconvulsive therapy (ECT).
- Psychological and neuropsychological testing.