



## State of Iowa Medicaid Enterprise Plan Authorization Requirements

Includes Notification Requirements; Provider Resources; and Operations & Billing Requirements;

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
<b>Air or Land Ambulance</b>	Prior authorization is required for non-emergent ambulance or air ambulance transport	<p>Authorization Required for elective air ambulance services</p> <p>No prior authorization is required for emergent ambulance and land ambulance services however they may be subject to post service review for medical necessity</p>	Authorization Required if non-emergent air ambulance
<b>Audiology Services and Testing</b>	No Authorization Required	<p>No authorization required for hearing exam</p> <p>Authorization required for Hearing Devices that exceed \$650.00 for monaural hearing aids and \$1300.00 for binaural hearing aids.</p>	Authorization not required unless hearing device is listed on the PA overview (refer to Provider Resources link below)
<b>Bariatric Surgery</b>	Authorization Required	Authorization Required	Authorization Required



<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
<b>Behavioral Health / Substance Abuse (<i>Specific categories listed below</i>)</b>			
<b>23-Hour Observations</b>	Notification Required	No Authorization Required	No Authorization Required
<b>Applied Behavioral Assessment / Analysis</b>	Authorization Required	Authorization Required	Authorization Required
<b>Assertive Community Treatment</b>	Authorization Required	Authorization Required	Authorization Required
<b>Behavioral Health Inpatient Services</b>	Authorization Required	Authorization Required	Authorization Required
<b>Behavioral Health Outpatient Services</b>	Authorization Required	No Authorization Required	No Authorization Required
<b>Community Support Services</b>	Authorization Required	Authorization Required	No Authorization Required
<b>Crisis Intervention MHSA Services</b>	No Authorization Required	Prior authorization not required but notification required within 2 business days after providing the service, for an authorization and for follow up on the crisis	No Authorization Required. Crisis Respite requires Authorization
<b>Day Treatment</b>	Authorization Required	Authorization Required	Authorization Required
<b>Electroconvulsive Therapy (ECT)</b>	Authorization Required	Authorization Required	No Authorization Required
<b>Integrated Health Home Participation</b>	Authorization Required	Authorization Required	Providers should submit the Enrollment form. Form available on



<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
			UHCCCommunityPlan.com > For Health Care Professionals > Provider Forms
<b>Intensive Outpatient (IOP)</b>	Authorization Required	SUD IOP is allowed 18 units without prior authorization; all other units require authorization. For MH IOP, Authorization Required	Authorization Required
<b>Methadone Maintenance</b>	No Authorization Required	No Authorization Required	No Authorization Required
<b>MH/SUD Evaluations and Assessments</b>	No Authorization Required	No Authorization Required	No Authorization Required
<b>MH/SUD Inpatient Admissions</b>	Authorization Required	Authorization Required	Authorization Required
<b>MH/SUD Outpatient Therapy</b>	No Authorization Required	No Authorization Required	No Authorization Required
<b>MH/SUD Therapeutic Injections</b>	No Authorization Required	No Authorization Required	Authorization Required if code is listed on PA overview (refer to Provider Resources link below) No Authorization Required for office visit for MH/SUD therapeutic injections
<b>Mobile Counseling</b>	Authorization Required	No Authorization Required	No Authorization Required
<b>Partial Hospitalization (PHP)</b>	Authorization Required	Authorization Required	Authorization Required
<b>Psychoanalysis</b>	No Authorization Required	Authorization Required	No Authorization Required



<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
<b>Transcranial Magnetic Stimulation</b>	Authorization Required	Authorization Required	Authorization Required
<b>Biofeedback</b>	No Authorization Required	Authorization Required	No Authorization Required
<b>Bone Growth Stimulator</b>	Authorization Required	Authorization Required	Authorization not required unless requested code is listed on the PA overview (refer to Provider Resources link below)
<b>Breast Reconstruction (Non-Mastectomy)</b>	Authorization Required	Authorization Required	Authorization Required
Cardiology	Authorization may be required depending on service requested: <ul style="list-style-type: none"> <li>No authorization required for office visits with Cardiologist</li> <li>Authorization is required for echocardiograms</li> </ul>	Authorization may be required depending on service requested: <ul style="list-style-type: none"> <li>No authorization required for office visits with Cardiologist</li> <li>No authorization needed for EKG's</li> <li>Authorization is required for Cardiac Rehabilitation</li> </ul>	Authorization Required for: electrophysiology implants, diagnostic catheterizations, and stress echoes. Reference Cardiology CPT Code Crosswalk available on UHCCCommunityPlan.com > For Health Care Professionals > Iowa > Cardiology
Chiropractic Care	No Authorization Required	No Authorization Required	No Authorization required
Circumcision	No Authorization Required at any age	Authorization Required if >12 months of age	Authorization Required if > 6 weeks of age



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<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
Cochlear and Other Auditory Implants	Authorization Required	Authorization Required	Authorization Required
Cosmetic, Reconstructive, or Plastic Surgery	Authorization Required	Authorization Required (including but not limited to: Blepharoplasty, Mastectomy for Gynecomastia, Mastopexy, Maxillofacial, Panniculectomy, Penile Prosthesis, Reduction Mammoplasty, and septoplasty)	Authorization Required
Cytogenetic, Reproductive, and Molecular Diagnostic Laboratory Testing	Authorization Required	Authorization Required	No Authorization Required
Durable Medical Equipment - Rental	Authorization Required	Prior Authorization Required	Authorization required for DME >\$500, if code is listed on Prior Authorization overview
Durable Medical Equipment, Prosthetic Devices, Orthotics, and Medical Supplies	Authorization Required if code is listed on PA overview (refer to PLUTO on Provider Portal)	Authorization Required for purchased items when billed charges are > \$750, including prosthetics and orthotics, Custom Wheelchairs including components	Authorization required for DME >\$500 if code is listing on Prior Authorization overview
Elective Hospital Outpatient Surgery	Authorization Required	Authorization Required	Authorization Required if code is listed on PA overview (refer to Provider Resources link below)



<b>Prior Authorization Requirements</b>			
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Elective Inpatient Admissions/Surgeries	Authorization Required	Authorization Required	Admission Notification Required / Prior Authorization Required
Enteral Services (In-home nutritional therapy, either enteral or through a gastrostomy tube)	No Authorization Required	Authorization Required	Authorization Required
Experimental or Investigational Services	Authorization Required	Authorization Required	Authorization Required
Femoroacetabular Impingement Syndrome (FAI)	Authorization Required	Authorization may be required depending on requested service, for example: physician office visits would not require authorization, however surgery would require authorization	Authorization Required
Genetic Testing (Including BRCA)	Authorization Required	Authorization Required	Authorization Required if code is listed on PA overview
Hearing Exams & Hearing Aids	No Authorization Required	No Authorization Required for hearing exams  Authorization required for Hearing Devices that exceed \$650.00 for monaural hearing aids and \$1300.00 for binaural hearing aids	No Authorization Required, benefit limitations apply



**Prior Authorization Requirements**

<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
Home & Community Based Services (HCBS) / Long Term Services and Support (LTSS)	Authorization Required	Authorization Required	Authorization Required through Service Plan



<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
Home Health Care	Authorization Required	Authorization Required Skilled Nursing visits authorization required after 6 visits per calendar year Home PT/ OT/ ST- authorization required after 12 visits per calendar year Home Health Aide Authorization required from start of service	No Authorization Required for: <ul style="list-style-type: none"> <li>• Skilled Nursing Services</li> <li>• Home Health Aide Services</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Speech-Language Pathology</li> <li>• Medical Social Services</li> </ul> Authorization is required for <ul style="list-style-type: none"> <li>• Private Duty Nursing / Personal Care Services</li> <li>• Waiver services (authorized through the member's service plan)</li> <li>• Medical day services/ child care medical services</li> </ul>
Hospice	Authorization Required	No Authorization Required	No Authorization Required
Hyperbaric Oxygen Therapy	Authorization Required	Authorization Required	No Authorization Required





<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
Hysterectomy	Authorization Required	Authorization Required for Inpatient Hysterectomies	No Authorization Required. Sterilization consent form is required
Infusion/Injection Therapy	Authorization Required if code is listed on PA overview (refer to PLUTO on Provider Portal)	Authorization may be Required depending on requested service	Authorization Required if code is listed on PA overview
Joint Replacement	Authorization Required	Authorization Required	Authorization Required if code is listed on PA overview
Non-emergent ER Services	No Authorization Required	No Authorization Required	No Authorization Required
Orthognathic Surgery	Authorization Required	Authorization Required	Authorization Required
Orthotics and Prosthetics	Authorization Required	Authorization Required if >\$750	Authorization required if >\$500, if code is listed on Prior Authorization overview
Pain Management	Authorization Required	Authorization Required	Authorization Required if code is listed on the Prior Authorization overview
Pregnancy Termination	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim	Authorization Required	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim
Private Duty Nursing	Authorization Required	Authorization Required	Authorization Required



<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
Proton Beam Therapy	Authorization Required	Authorization Required	Authorization Required
Radiation Therapy Management	No Authorization Required	Authorization Required	No Authorization Required except for Proton Beam Radiation Therapy
Radiology – Advanced Outpatient Imaging: CT Scan, MRI, MRA, PET Scan, DEXA, HIDA Scans, Nuclear Medicine, and Nuclear Cardiology	Authorization Required	Authorization Required	Authorization Required if on Prior Authorization overview. Reference Crosswalk Table available on UHCCommunityPlan.com > For Health Care Professionals > Iowa > Radiology
Psychological, Neuropsychological, Developmental	No Authorization Required	3 hours per member per year are allowed without authorization. All other units require Authorization	Neuropsychological testing – No Authorization Required Psychological testing – No Authorization Required up to 8 hour limit per year
Rehabilitation Facility Admission	Authorization Required	Authorization Required	Authorization Required
Rhinoplasty	Authorization Required	Authorization Required	Authorization Required
Sinusplasty	Authorization Required	Authorization Required	Authorization Required
Skilled Nursing Facility Admissions	Authorization Required	Authorization Required	Admission Notification Required / Prior Authorization Required
Sleep Apnea Procedures and Surgeries	Authorization Required	Authorization Required	Authorization Required



<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>UnitedHealthcare</b>
Sleep Studies	Authorization Required	No Authorization Required	No Authorization Required
Speech, Occupational, and Physical Therapy	Authorization Required	Authorization is required after 12 visits (each therapy type) per calendar year	No Authorization Required
Spinal Surgery	Authorization Required	Authorization Required if performed in an Inpatient setting	Authorization Required
Spinal Stimulator for Pain Management	Authorization Required	Authorization Required	Authorization Required
Sterilization	Authorization (precertification) not required. Claim payment is dependent on submission of Sterilization Consent Form	Authorization (precertification) not required. Claim payment is dependent on submission of Sterilization Consent Form	No Authorization Required. Sterilization consent form is required
Transportation (Non-Medical)	Authorization through Service Plan for Waiver	Authorization through Service Plan for Waiver , or RROT for non-Waiver	Authorization through Service Plan for Waiver
Transplant	Authorization Required	Authorization Required	Authorization Required
Vagus Nerve Stimulation	Authorization Required	Authorization Required	Authorization Required
Vein Stimulation	Authorization Required	Authorization Required	Authorization Required if code is listed on the PA overview
Ventricular Assist Devices (VAD)	Authorization Required	Authorization Required	Authorization Required
Wound Vac	Authorization Required	Authorization Required	Authorization Required
Out-of-Network Services	Authorization Required	Authorization Required	Authorization Required



<b>Notification Requirements</b>			
<b>SECTION 2: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>United Health Care</b>
Observation	Notification Required	Authorization or Notification Not Required for up to 48-hour OBS	Notification not required, but is preferred
Inpatient Hospital Services	Notification and Authorization Required	Notification and Stay Review Required	Admission Notification Required/Prior Authorization Required
Emergent Inpatient Admissions	Notification Required Within 24 Hours	Notification Required Within 24 Hours or Next Business Day – Stay Review Required	Notification Required Within 24 Hours or by 5 pm the Next Business Day
Maternity Care	Notification required within three days of initial prenatal visit. Completion of Maternity Notification Form is required	Notification Required for Maternity Obstetrical Services after initial visit and for outpatient care (including 48-hour OBS)	Provide notification of a member's pregnancy status. Please call 888-650-3462 or fax an American College of Gynecology or other initial prenatal visit form to 877-353-6913
Newborn Delivery	Notification Required within 24 hours of delivery. Completion of Newborn Notification of Delivery Form is required	Notification required within 24 hours of delivery	Provide notification by calling 888-650-3462 or faxing the following information 866-943-6474: Date of birth, Birth weight, Gender, Delivery type, Gestational age



<b>Provider Resources</b>			
<b>SECTION 3: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>United Health Care</b>
Provider Manuals	<a href="https://providers.amerigroup.com/Public%20Documents/!IA_A_ProviderManual.pdf">https://providers.amerigroup.com/Public%20Documents/!IA_A_ProviderManual.pdf</a>	<a href="http://becomeaprovider.amerihhealthcaritas.com/pdf/iowa/provider-manual.pdf">http://becomeaprovider.amerihhealthcaritas.com/pdf/iowa/provider-manual.pdf</a>	<a href="http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/provider-admin-manual/IA_UnitedHealthcare_Provider_Manual.pdf">http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/provider-admin-manual/IA_UnitedHealthcare_Provider_Manual.pdf</a>
Quick Reference Guide	Not available online	Not available online	<a href="http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/BillingAndReferenceGuides/IA_UHC_Provider_Quick_Reference_Guide.pdf">http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/BillingAndReferenceGuides/IA_UHC_Provider_Quick_Reference_Guide.pdf</a>
Training PowerPoints	Not available online	Not available online	<a href="http://www.uhccommunityplan.com/health-professionals/ia/provider-training.html">http://www.uhccommunityplan.com/health-professionals/ia/provider-training.html</a>



Provider Resources			
SECTION 3: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Prior Authorization Review	<a href="https://providers.amerigroup.com/ProviderDocuments/IAIA_PrecertRequestTutorial.pdf">https://providers.amerigroup.com/ProviderDocuments/IAIA_PrecertRequestTutorial.pdf</a>	Access JIVA through Navinet; <a href="https://navinet.navidmedix.com/sign-in?ReturnUrl=/Main.aspx">https://navinet.navidmedix.com/sign-in?ReturnUrl=/Main.aspx</a>	<a href="http://www.uhccommunityplan.com/health-professionals/ia.html">http://www.uhccommunityplan.com/health-professionals/ia.html</a>

Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Web Portal	<a href="http://www.availity.com">www.availity.com</a>	<a href="http://www.navinet.navidmedix.com">www.navinet.navidmedix.com</a>	<a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>
Secure Web Portal	<p>Link to initiate first step in accessing it is:  <a href="https://apps.availity.com/availity/web/public.elegant.login?source=MBU">https://apps.availity.com/availity/web/public.elegant.login?source=MBU</a></p> <p>Please note Iowa Providers have a secure provider portal (Availity + PSS) and access the system through</p>	<a href="https://navinet.navidmedix.com/sign-in?ReturnUrl=Main.aspx">https://navinet.navidmedix.com/sign-in?ReturnUrl=Main.aspx</a>	<a href="http://www.UnitedHealthcareOnline.com/Link">www.UnitedHealthcareOnline.com/Link</a>



Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
	<a href="http://www.availity.com">www.availity.com</a> or <a href="https://providers.amerigroup.com/ia">https://providers.amerigroup.com/ia</a> . Providers will need to register through Availity to obtain system access to the secure site		
Utilization Management – Concurrent Review	Required	Required: AmeriHealth uses Interqual Criteria, <b>ASAM criteria for SUD services</b> and AmeriHealth internal UM policies for level of care and continued stay review.	Required: Healthy First Steps manages concurrent review for newborn’s extended stay. MCG used for concurrent review for other populations
Transportation (Non-Emergent)	Vendor: LogistiCare (should be scheduled 3 days in advance) 844-544-1389 Reservations 844-544-1390 Ride Assist	Vendor: Access2Care	Vendor: MTM, Inc. To schedule a Non-Emergency Medical Transportation trip, please call MTM at 888-513-1613
OB Billing Requirements	OB services must be billed separately (antepartum, delivery, and post-partum care CPT codes, instead of global OB CPT codes)	Requires OB services to be billed separately (antepartum, delivery, and post-partum care CPT codes, instead of global OB CPT codes)	Following OB Billing Requirements as outlined in the IME Maternity Billing Guidelines
Timely Filing	<b>180 days</b> from the date of services or date of Primary Payor’s RA	<b>180 days</b> from the date of services or date of Primary Payor’s RA	<b>180 days</b> from the date of services or date of Primary Payor’s RA



Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Secondary Payor Timely Filing	<b>180 days</b> from the date of the primary payor's EOP	Claims with EOBs from primary insurers, including Medicare, must be submitted within <b>60 days</b> of primary insurer's EOB	<b>180 days</b> from the date of the primary payor's EOB (per contract)
Corrected Claim Timely Filing	Corrected claims and additional information must be submitted within <b>180 days</b> of the request	Rejected claims must be resubmitted and are subject to Timely Claims Submission guidelines ( <b>180 days</b> )	Corrected and/or voided claims are subject to Timely Claims Submission guidelines ( <b>180 days</b> )
Timely Reconsideration	Claim payment appeals based on retrospective medical necessity reviews require all pertinent information must be submitted with 365 days of a claim disposition.  Submit requests for claims payment appeals in writing to Amerigroup within 60 days of the date you receive your RA.	Denied claims are registered in the claims processing system but do not meet requirements for payment. Claim denials must be submitted as a corrected claim within 365 days Amerigroup's.	Claim Reconsideration must be submitted within 12 months from the date of the original EOB/EOMB.
Timely Formal Appeal	Provider disputes must be submitted within 120 days of receipt of Amerigroup's RA.	The Provider Appeal outcome will be communicated to the Provider within thirty (30) days of receipt of the appeal from the	Pre-service grievances and appeals must be submitted within 30 days from the notice





<b>Operations and Billing Requirements</b>			
<b>SECTION 4: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>United Health Care</b>
		<p>provider.</p> <p>A Member Appeal will be resolved as expeditiously as the member's health condition requires, but no more than thirty (30) days after receipt of the appeal. The timeframe for a standard resolution of an appeal may be extended by fourteen (14) days if: the Enrollee requests the extension; if AmeriHealth Caritas Iowa needs additional information and the delay is in the enrollees best interest or if a written notice is sent to the enrollee explaining why an extension is needed.</p>	<p>of decision.</p> <p>Post-service claims disputes and appeals must be submitted within 180 days from the RA.</p>

<b>Plan Benefits</b>			
<b>SECTION 5: Service or Category</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>United Health Care</b>
Pharmacy	<p>PBM – ExpressScripts</p> <p>Prescriptions are covered according to the State's Preferred Drug List (PDL)</p>	<p>PBM – PerformRX</p> <p>Prescriptions are covered according to the State's Preferred Drug List (PDL)</p>	<p>PBM – OptumRx</p> <p>Prescriptions are covered according to the State's Preferred Drug List (PDL)</p>



Plan Benefits			
SECTION 5: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Non-Covered Benefits (Carve Outs)	<p>Dental services outside of a hospital setting remain covered by the Iowa Dental Program.</p> <p>Amerigroup contracts with Superior Vision Care to provide covered routine and emergency vision services.</p> <p>Non-covered services: Cosmetic surgery; experimental or investigational procedures, services that are not medically necessary; sex change surgery or treatments; surgery or drugs to enhance fertility. Non-covered services also include any instance when the precertification for a service was not granted, or the service was provided before precertification was given.</p>		<p>Vision (routine) - Superior Vision</p> <p>Dental - Dental services outside of a hospital setting remain covered by the Iowa Dental Program</p>