



**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>UnitedHealthcare</b>
<b>Air or Land Ambulance</b>	Prior authorization is required for non-emergent ambulance or air ambulance transport	Authorization Required if non- emergent air ambulance
<b>Audiology Services and Testing</b>	No Authorization Required	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
<b>Behavioral Health / Substance Abuse (Specific categories listed below)</b>		
23-Hour Observations	Notification Required	No Authorization Required
Applied Behavioral Assessment / Analysis	Authorization Required	Authorization Required
Assertive Community Treatment	Authorization Required	Authorization Required
Behavioral Health Inpatient Services	Authorization Required	Authorization Required
Behavioral Health Outpatient Services	Authorization Required	No Authorization Required
Community Support Services	Authorization Required	No Authorization Required



Prior Authorization Requirements		
SECTION 1: Service or Category	Amerigroup	UnitedHealthcare
<b>Behavioral Health / Substance Abuse (Cont.) (Specific categories listed below)</b>		
Crisis Intervention MHSA Services	No Authorization Required	No Authorization Required. Crisis Respite requires authorization.
Day Treatment	Authorization Required	Authorization Required
Electroconvulsive Therapy (ECT)	Authorization Required	No Authorization Required
Integrated Health Home Participation	Authorization Required	Providers should submit the enrollment form. Form available on UHCCommunityPlan.com > For Health Care Professionals > Provider Forms
Intensive Outpatient (IOP)	Authorization Required	Authorization Required
Methadone Maintenance	No Authorization Required	No Authorization Required
MH/SUD Evaluations and Assessments	No Authorization Required	No Authorization Required
MH/SUD Inpatient Admissions	Authorization Required	Authorization Required
MH/SUD Outpatient Therapy	No Authorization Required	No Authorization Required
MH/SUD Therapeutic Injections	No Authorization Required	Authorization Required if code is listed on PA overview (refer to Provider Resources link below) No Authorization Required for office visits for MH/SUD therapeutic injections.
Mobile Counseling	Authorization Required	No Authorization Required
Partial Hospitalization (PHP)	Authorization Required	Authorization Required
Psychoanalysis	No Authorization Required	No Authorization Required



<b>Prior Authorization Requirements</b>		
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Transcranial Magnetic Stimulation	Authorization Required	Authorization Required
Biofeedback	No Authorization Required	No Authorization Required
Bone Growth Stimulator	Authorization Required	Authorization not required unless requested code is listed on the PA overview (refer to Provider Resources link below)
Breast Reconstruction (Non- Mastectomy)	Authorization Required	Authorization Required
Cardiology	Authorization may be required depending on service requested:  No authorization required for office visits with Cardiologist  Authorization is required for echocardiograms	Authorization Required for: electrophysiology implants, diagnostic catheterizations, and stress echoes. Reference Cardiology CPT Code Crosswalk available on UHCCommunityPlan.com > For Health Care Professionals > Iowa > Cardiology
Chiropractic Care	No Authorization Required	No Authorization required
Circumcision	No Authorization Required at any age	Authorization Required if > 6 weeks of age
Cochlear and Other Auditory Implants	Authorization Required	Authorization Required
Cosmetic, Reconstructive, or Plastic Surgery	Authorization Required	Authorization Required
Cytogenetic, Reproductive, and Molecular Diagnostic Laboratory Testing	Authorization Required	No Authorization Required



<b>Prior Authorization Requirements</b>		
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Durable Medical Equipment – Rental	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 Provide Portal)	Authorization Required for DME > \$500 if code is listed on Prior Authorization overview
Elective Hospital Outpatient Surgery	Authorization Required	Authorization Required if code is listed on Prior Authorization overview (refer to Provider Resources link below)
Elective Inpatient Admissions/Surgeries	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
Experimental or Investigational Services	Authorization Required	Authorization Required
Femoroacetabular Impingement Syndrome (FAI)	Authorization Required	Authorization Required
Genetic Testing (Including BRCA)	Authorization Required	Authorization Required if code is listed on Prior Authorization overview
Hearing Exams & Hearing Aids	No Authorization Required	No Authorization Required, benefit limitations apply
Home- and Community-Based Services (HCBS) / Long Term Services and Supports (LTSS)	Authorization Required	Authorization Required through Service Plan



## Prior Authorization Requirements

SECTION 1: Service or Category	Amerigroup	UnitedHealthcare
Home Health Care	Authorization Required	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 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
Hyperbaric Oxygen Therapy	Authorization Required	No Authorization Required
Hysterectomy	Authorization Required	No Authorization Required. Sterilization consent form is required.
Infusion / Injection Therapy	Authorization Required if code is listed on Prior Authorization overview (refer to PLUTO on Provider Portal)	Authorization Required if code is listed on Prior Authorization overview
Joint Replacement	Authorization Required	Authorization Required if code is listed on Prior Authorization overview



<b>Prior Authorization Requirements</b>		
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>UnitedHealthcare</b>
Non-Emergent ER Services	No Authorization Required	No Authorization Required
Orthognathic Surgery	Authorization Required	Authorization Required
Orthotics and Prosthetics	Authorization Required	Authorization Required if > \$500, if code is listed on Prior Authorization overview
Pain Management	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	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim
Private Duty Nursing	Authorization Required	Authorization Required
Proton Beam Therapy	Authorization Required	Authorization Required
Radiation Therapy Management	No 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 if on Prior Authorization overview. Reference Crosswalk Table available on <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> > For Health Care Professionals > Iowa > Radiology
Psychological, Neuropsychological, Developmental	No Authorization Required	Neuropsychological testing – No Authorization Required  Psychological Testing – No Authorization Required up to 8 hour limit per year



<b>Prior Authorization Requirements</b>		
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>UnitedHealthcare</b>
Rehabilitation Facility Admission	Authorization Required	Authorization Required
Rhinoplasty	Authorization Required	Authorization Required
Sinusplasty	Authorization Required	Authorization Required
Skilled Nursing Facility Admissions	Authorization Required	Admission Notification Required / Prior Authorization Required
Sleep Apnea Procedures and Surgeries	Authorization Required	Authorization Required
Sleep Studies	Authorization Required	No Authorization Required
Speech, Occupational, and Physical Therapy	Authorization Required	No Authorization Required
Spinal Surgery	Authorization Required	Authorization Required
Spinal Stimulator for Pain Management	Authorization Required	Authorization Required
Sterilization	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
Transplant	Authorization Required	Authorization Required
Vagus Nerve Stimulation	Authorization Required	Authorization Required
Vein Stimulation	Authorization Required	Authorization Required if code is listed on the Prior Authorization overview
Ventricular Assist Devices (VAD)	Authorization Required	Authorization Required
Wound Vac	Authorization Required	Authorization Required
Out-of-Network Services	Authorization Required	Authorization Required



<b>Notification Requirements</b>		
<b>SECTION 2: Service or Category</b>	<b>Amerigroup</b>	<b>UnitedHealthcare</b>
Observation	Notification Required	Notification not required, but is preferred
Inpatient Hospital Services	Notification and Authorization Required	Admission Notification Required/Prior Authorization Required
Emergent Inpatient Admissions	Notification Required Within 24 Hours	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.	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	Provide notification by calling 888-650-3462 or faxing the following information to 866-943-6474: Date of birth, Birth weight, Gender, Delivery type, and gestational age





Provider Resources		
SECTION 3: Service or Category	Amerigroup	UnitedHealthcare
Provider Manuals	<a href="https://providers.amerigroup.com/IA/Pages/ia.aspx">https://providers.amerigroup.com/IA/Pages/ia.aspx</a>	<a href="https://www.uhccommunityplan.com/health-professionals/ia/provider-admin-manual.html">https://www.uhccommunityplan.com/health-professionals/ia/provider-admin-manual.html</a>
Quick Reference Guide	<a href="https://providers.amerigroup.com/ProviderDocuments/IAIA_QRC.pdf">https://providers.amerigroup.com/ProviderDocuments/IAIA_QRC.pdf</a>	<a href="https://www.uhccommunityplan.com/health-professionals/ia/billing-reference-guides.html">https://www.uhccommunityplan.com/health-professionals/ia/billing-reference-guides.html</a>
Training PowerPoints	<a href="https://providers.amerigroup.com/IA/Pages/ia.aspx">https://providers.amerigroup.com/IA/Pages/ia.aspx</a>	<a href="https://www.uhccommunityplan.com/health-professionals/ia/provider-training.html">https://www.uhccommunityplan.com/health-professionals/ia/provider-training.html</a>
Prior Authorization Review	<a href="https://providers.amerigroup.com/IA/Pages/ia.aspx">https://providers.amerigroup.com/IA/Pages/ia.aspx</a>	<a href="https://www.uhccommunityplan.com/health-professionals/ia.html">https://www.uhccommunityplan.com/health-professionals/ia.html</a>



Operations and Billing Requirements		
SECTION 4: Service or Category	Amerigroup	UnitedHealthcare
Web Portal	<a href="http://www.availity.com">www.availity.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 <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</p>	<a href="http://www.UnitedHealthcareOnline.com/Link">www.UnitedHealthcareOnline.com /Link</a>
Utilization Management – Concurrent Review	Required	Required: Healthy First Steps manages concurrent review for newborn's extended stay. MCG used for concurrent review for other populations
Transportation (Non-Emergent)	<p>Vendor: LogistiCare (should be scheduled 3 days in advance)            844-544-1389 Reservations            844-544-1390 Ride Assist</p>	<p>Vendor: MTM, Inc.            To schedule a Non- Emergency Medical Transportation trip, please call MTM at 888-513-1613</p>



Operations and Billing Requirements		
SECTION 4: Service or Category	Amerigroup	UnitedHealthcare
OB Billing Requirements	OB services must 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
Secondary Payor Timely Filing	<b>180 days</b> from the date of the primary payor's EOP	<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	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 within 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.	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	Pre-service grievances and appeals must be submitted within 30 days from the notice of decision.  Post-service claims disputes and appeals must be submitted within 180 days from the RA.



Plan Benefits		
SECTION 5: Service or Category	Amerigroup	UnitedHealthcare
Pharmacy	<p>PBM – ExpressScripts</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>
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>