



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Providers

Date: October 27, 2016

Subject: **Changes to the list of services that require prior authorization**

Summary: AmeriHealth Caritas District of Columbia (DC) has adjusted the list of services that require prior authorization.

Impact:

The list of services that require prior authorization has been updated. The revised list follows this notification.

Action needed:

The process to submit requests for prior authorization has not changed. You can continue to submit prior authorization requests by fax, by phone, or online via the current process. You will be advised if a service no longer requires prior authorization.

Questions:

If you have questions, please contact Provider Services at 202-408-2237 or 1-866-656-2383, or your Account Executive.



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Services that require prior authorization

The following services require prior authorization review for medical necessity and place of service:

- Elective/non-emergent air ambulance transportation
- All out-of-network services, except for emergency services for AmeriHealth Caritas District of Columbia (DC) Medicaid members. Note: All out-of-network services are excluded from coverage for AmeriHealth Caritas DC Alliance members.
- Inpatient services
- All inpatient hospital admissions, including medical, surgical and rehabilitation
- Obstetrical admissions and newborn delivery care that exceeds 48 hours after vaginal delivery and 96 hours after cesarean section. Delivery admissions are excluded from coverage for AmeriHealth Caritas DC Alliance members.
- Elective transfers for inpatient and/or outpatient services between acute care facilities
- Long-term acute care
- Long-term care (for up to 30 consecutive days)
- Home-based services:
 - Home health care after six visits per calendar year for therapies and/or skilled nurse visits
 - Home Health Aide from start of service
 - Personal care services provided by qualified individuals (not family members) in the home when deemed medically necessary. Personal care services are excluded from coverage for AmeriHealth Caritas DC Alliance members.
 - Private-duty nursing services
 - Enteral feedings, including related durable medical equipment (DME)
- Therapy and related outpatient services:
 - Speech therapy, occupational therapy and physical therapy, after 12 visits for each modality
 - Cardiac and pulmonary rehabilitation, from first visit
- Transplant surgery — organ, stem cell, and tissue — must be approved by DC Medicaid fee-for-service (FFS). Transplants are excluded from coverage for AmeriHealth Caritas DC Alliance members.
- All DME rentals in excess of \$750/month
- DME purchases for billed charges \$750 and over, including prosthetics and orthotics
- Repairs for purchased DME items and equipment
- Hearing services and devices that exceed \$750 purchase price, including hearing aids, FM systems, and cochlear implants and devices. Hearing services and devices are excluded from coverage for AmeriHealth Caritas DC Alliance members ages 21 years and older.
- Diapers and pull-ups for ages 3 years and older:



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- 200 or more per month, for either or both
- Brand-specific diapers
- Hyperbaric oxygen
- Gastric restrictive procedures or surgeries
- 17-P and Makena infusion for pregnancy-related complications
- Gastroenterology services (codes 91110 and 91111 only)
- Surgical services that may be considered cosmetic, such as:
 - Blepharoplasty
 - Mastectomy for gynecomastia
 - Mastopexy
 - Maxillofacial
 - Panniculectomy
 - Penile prosthesis
 - Plastic surgery or cosmetic dermatology
 - Reduction mammoplasty
 - Septoplasty
- Inpatient hysterectomy
- Elective terminations of pregnancy
- Pain management - external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation, and nerve blocks
- Select radiological exams as outlined below. This excludes radiological studies that occur during inpatient, emergency room, and/or observation stays.
 - Positron emission tomography
 - Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA)
 - Nuclear cardiology diagnostic testing
 - Computed axial tomography (CT/CAT scans) and CT angiography
- All miscellaneous unspecified codes
- All services that may be considered experimental or investigational
- All services not listed on the DC Medicaid fee schedule
- Behavioral health:
 - Mental Health Partial Hospitalization Program
 - Inpatient detoxification admissions
 - Mental health inpatient admissions
 - Neuropsychological testing
 - Psychological testing
 - Developmental testing
 - Behavioral health day treatment



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- Residential treatment
- Electroconvulsive therapy

Services that require notification

- Obstetrical services after the first visit and outpatient care, including 30-hour observations
- Normal newborn deliveries

Services that do not require authorization, notification, or referral

- Emergency room services, in network and out of network
- 48-hour observations, except for maternity, which requires notification
- Low-level plain films, such as X-rays and electrocardiograms (EKGs)
- Family planning services
- Post-stabilization services, in network and out of network
- Early and periodic screening, diagnostic, and treatment (EPDST) services
- In-network obstetrics and gynecological (OB/GYN) services
- Emergency services, excluding AmeriHealth Caritas DC Alliance members, who are covered by DC Medicaid FFS
- Women's health specialist (to provide women's routine and preventive health care services)
Diagnosis and treatment of sexually transmitted diseases and other communicable diseases, such as tuberculosis and human immunodeficiency, as determined by county health departments
- OB/GYN services for one annual visit and any medically necessary follow-up care for detected conditions. The recipient must use an AmeriHealth Caritas DC provider for these services.
- Podiatry and some dermatology services. The member must use an AmeriHealth Caritas DC provider for these services.
- Immunizations by county health departments and participating primary care providers
- Imaging procedures related to emergency room services, observation care, and inpatient care
- Initial 10 sessions of behavioral health outpatient therapy (individual, family, or group) per member. Notification is required within 10 days of initiating treatment.
- Outpatient therapy — individual, family, or group — after the initial 10 sessions
- Behavioral health counseling and therapy

Services excluded from coverage for AmeriHealth Caritas DC *

- Chiropractic Services
- Infertility treatment
- Sterilizations for persons under the age of 21
- Sterilization reversals



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- Cosmetic surgery
- Experimental or investigational services, surgeries, treatments and medications
- Services that are part of a clinical trial protocol
- Abortion, unless medically necessary
- Services that are not medically necessary and/or that are not described as a covered service in the Provider Manual.

Services excluded from coverage for Alliance members*

- Screening and stabilization services for emergency medical care provided outside the District or by an out-of-network facility
- Emergency services billed with any diagnosis code on the District emergency services list
- Services furnished in schools
- Out-of-network services
- Services and supplies related to surgery and treatment for temporal mandibular joint (TMJ) problems
- Newborn Deliveries (Pregnant members are encouraged to contact the appropriate District agency to determine eligibility for Medicaid.)
- Chiropractic services
- Cosmetic surgery
- Open heart surgery
- Organ transplantation
- Sclerotherapy
- Treatment for obesity
- Abortion, unless medically necessary
- Experimental treatment and/or investigational services and items
- Infertility treatment
- Sterilization reversals
- Outpatient mental health and substance abuse services
- Inpatient mental health and substance abuse services, except services related to medical treatment received in a hospital for life threatening withdrawal from alcohol or narcotic drugs
- Services furnished in schools
- Vision services (for members over 21 years of age)
- Hearing services and devices (for members over 21 years of age)
- Personal care services



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- Private duty nursing
- Non-emergency medical transportation
- Services that are not medically necessary and/or that are not described as a covered service in the Provider Manual

NOTE; Some excluded services may be covered through DC Medicaid Fee for service

*All requests for services are subject of District of Columbia Medicaid coverage guidelines and limitations.