

Precertification and prior authorization

Effective March 1, 2019, prior authorization (PA) requirements will change for several services to be covered by Summit Community Care. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following:

- Behavioral/mental health All inpatient, residential, partial hospitalization, intensive outpatient program, supported housing, psychological testing, and some outpatient psychiatric and substance abuse services
- Dental/oral surgery osteoplasty, osteotomy, LeFort I/II/III, implant, osseous, osteoperiosteal or cartilage graft and synthetic graft procedures
- Drugs drugs administered other than by oral method (infusible/injectable), radiopharmaceuticals, during dialysis, chemotherapy, biological and parenteral and enteral nutrition (PEN)
- Durable medical equipment (DME) ambulatory aid, apnea monitor, bathroom equipment, commodes, hospital bed, NC-Mattress, pressure mattress pad, nebulizer, oxygen, respiratory assistive device, suction machine, patient lifts, traction/trapeze apparatus, diabetic equipment, insulin pump, infusion pump, blood glucose monitor, wheelchair/wheelchair accessories and maintenance/repair for DME
- Home health care services skilled nursing, unskilled home health aide (i.e., companion, day care, domestic service, foster care, personal care attendant and respite), assisted living, occupational/physical/respiratory/speech therapy, hospice, home management, medicine administration, and personal emergency response system
- Laboratory for select genetic testing
- Medical supply enteral formula, parenteral nutrition solution, PEN supply, surgical supplies and wound care
- Surgery procedures on auditory, cardiovascular, digestive, eye/ocular adnexa, integumentary, genital, musculoskeletal, nervous, respiratory, reproductive implantable defibrillator and urinary systems, angioplasty, pacemakers, implants, diagnostic, ablation, endoscopy, arthroscopy, excision/destruction, in utero (fetal) procedure, transplant, sterilization, atherectomy (open or percutaneous), cataract/lens removal, endovenous ablation therapy, stereotactic RS, fetal shunt placement, and pain management
- Medicine procedures relating to pulmonary, sleep study, cardiology, diagnostics, neurology, occupational/physical therapy, nonspeech-generating device, special otorhinolaryngology services and serum globulins
- Orthotic custom, helmet, lower/upper extremity, shoe, shoe accessory, orthotic procedures and devices
- Prosthetic cochlear implant and lower/upper extremity
- Radiology magnetic resonance angiography, magnetic resonance imaging, radiation therapy, bone density, computed tomography, diagnostic radiology/imaging, nuclear medicine, radiation oncology treatment, ultrasound and single-photon emission computerized tomography scan
- Transportation air ambulance

All services referenced in this material are funded and provided under an agreement with the Arkansas Department of Human Services. AR-NL-0006-18 January 2019 • Vision — iris supported intraocular lens and posterior chamber intraocular lens procedures

To request PA, you may use one of the following methods:

- Web: <u>https://www.availity.com</u>
- Fax:
 - o Behavioral/mental health: 1-877-434-7578
 - Non behavioral/mental health: 1-501-224-1355
- **Phone:** 1-844-462-0022

Not all PA requirements are listed here. PA requirements are available to contracted and noncontracted providers on our provider website at <u>https://www.summitcommunitycare.com/provider</u>. Providers may also call us at 1-844-462-0022 for PA requirements.