

Quick Reference Guide

Prior Authorization is required for all non-participating providers and out of state care except for coverage of emergency care and urgent care.

PCP/Specialists must request an authorization for the following services:

Ancillary Services

- Air transport and non-emergent ambulance transfers
- Cardiac rehabilitation
- All durable medical equipment, home supplies, orthotics, or prosthetics including all rental equipment* (CareCentrix)
- Hearing test, aides, and devices (members under age 21 only)
- Home care services (CareCentrix)
- In-home infusion therapy (CareCentrix)
- Orthopedic footwear, shoe modifications and additions (CareCentrix)
- Occupational, physical and speech therapy except for initial evaluation (limitations apply)
- Pulmonary rehabilitation except for initial evaluation
- Respiratory therapy services except for initial evaluation (CareCentrix)

Inpatient/Facility Authorization

- All planned/unplanned hospital admissions
- All observations
- Newborn deliveries by the next business day
- Rehabilitation admissions (free standing facilities are not covered)
- Long Term Care (LTC) facility admissions (completed CLTC required)
- Corneal Transplant Service
- Hysterectomies when they are non-elective and medically necessary. Must be documented with a completed Consent Form (SCDHHS website).

Outpatient Services Authorization

All surgical /interventional services performed in an outpatient hospital or ambulatory surgery setting such as, but not limited to:

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| <ul style="list-style-type: none"> • Blepharoplasty • Implantable devices including cochlear implants • Mammoplasty • Potentially cosmetic or plastic surgery • Septoplasty/Rhinoplasty • Spider/Varicose veins • Bariatric Surgery • CT, PET, MRI, MRA (through NIA) • Developmental Evaluation Services • Potentially experimental or investigational treatment/services • Hyperbaric oxygen therapy • Infusion centers • OB ultrasounds (3 per pregnancy without authorization-does not apply to MFM providers) • Occupational, Physical, and Speech Therapy (limitations apply) • Dental/Oral surgery requiring general anesthesia • Pain Management Programs including epidural, facet, and trigger point injection | <ul style="list-style-type: none"> • Transplant services to include evaluation, pre, and post transplant care only • Genetic Testing • Abortions (covered if (1) physical disorder, injury, or illness including a life-endangering physical condition caused by or arising from the pregnancy itself would, as certified by a physician, place the mother in danger of death unless an abortion is performed; or (2) the pregnancy is the result of an act of rape or incest. Must be documented with a completed Consent Form (SCDHHS website). • Sterilizations: Non-therapeutic sterilization must be documented with a completed Consent Form (SCDHHS website). |
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*DME, home supplies, orthotics and prosthetics provided in a participating physician’s office with a billed amount less than \$500 and included on the approved supply list is exempt from the PA requirement. (Claim billed to Absolute TOTAL Care). Items billed \$500.00 or above and not included on the approved list require a PA obtained from CareCentrix (Claim billed to CareCentrix). Please contact CareCentrix to become an in network provider.

Pregnancy Notification

Fax: (866)-681-5125 *Submit notification of expectant mothers within 5 days of first prenatal visit. Please refer to: www.startsmartforyourbaby.com.*

Specialty Biopharmaceutical Drugs that would routinely fall below a billed amount of less than \$500 and based on FDA approved dosing and indications do not require a prior authorization. Items billed \$500.00 or above should be obtained through Caremark.

Claim Submission Addresses

<p>Submit Paper Claims to: Absolute Total Care P.O. Box 3050 Farmington, MO 63640-3821</p> <hr/> <p>Submit Electronic claims using the following: EDI Payor ID: 68055-Emdeon/WebMD/Envoy/Payerpath EDI Payor ID: 4272 – Relay Health/McKesson</p> <p>Filing Limit: 365 days from Date of service</p>	<p>Submit Medical Appeals to: Absolute Total Care ATTN: Appeals and Grievances 1441 Main Street, Suite 900 Columbia, SC 29201 (Must have denial letter from Medical Director before an appeal may be submitted)</p> <p>Appeals must be submitted within 90 days from denial letter from Medical Director</p>
<p>Submit Claim Adjustment/Corrected Claims to: Absolute Total Care ATTN: Corrected Claims P.O. Box 3000 Farmington, MO 63640-3800</p> <p>Resubmission Filing Limit: 60 days from Date on EOP/ERA</p>	<p>Submit Pharmacy Claims to: US Script PBM 2425 West Shaw Ave Fresno, CA 93711</p> <p>Please refer to your agreement with US Scripts</p>
<p>Submit Inpatient Behavioral Health Claims to: Cenpatico P.O. Box 7001 Farmington, MO 63640-3811 EDI Payor ID: 68059</p> <p>Filing Limit: 365 days from Date of service</p>	<p>Submit DME Claims to: CareCentrix National Claims Center 1100 Founders Plaza, Suite 801-E Hartford, CT 06108</p> <p>Please refer to your agreement with CareCentrix</p>

Problems with claims submission? Please e-mail our EDI Team for assistance. ediba@centene.com. Absolute Total Care partners with Payformance to provide an innovative web based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). To learn more and register, please call 877-331-7154 or email providersupport@payspanhealth.com.