

# PRIOR AUTHORIZATION

ATC's Medical Management Department is available seven days a week from 8a.m. to 8pm. however, NurseWise, our 24/7 Nurse Advice line provides 24/7 coverage.

The preferred method for submitting authorizations is through the Secure Web Portal at [www.absolutetotalcare.com](http://www.absolutetotalcare.com). The provider must be a registered user on the Secure Web Portal. (If a provider is already registered for the Secure Web Portal for one of our other products, no further registration is required. If the provider is not already a registered user on the Secure Web Portal and needs assistance or training on submitting prior authorizations, the provider should contact his or her dedicated Provider Relations Specialist.

Other methods of submitting the prior authorization requests are as follows:

- Call the Medical Management Department at 1-855-735-4398. Our 24/7 Nurse Advice line can assist with authorizations after normal business hours.
- Fax prior authorization requests utilizing the Prior Authorization fax forms posted on our website. Our fax number is 1-844-503-8866. Please note: faxes will not be monitored after hours and will be responded on the next business day. Please contact our 24/7 Nurse Advice Line at 1-855-735-4398 for after hour urgent admissions or inpatient notifications or requests.

## Medical Necessity:

Medically Necessary services are generally accepted medical practices provided in light of conditions present at the time of treatment. These services are:

- Essential to prevent, diagnose, prevent the worsening of, alleviate, correct or cure medical conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity of a member;
- Are provided at an appropriate facility and at the appropriate level of care for the treatment of member's medical condition; and
- Are provided in accordance with generally accepted standards of medical practice.

The following criteria used to determine medical necessity includes but is not limited to:

Medical Services	InterQual <sup>®</sup> Adult Guidelines
Behavioral Health Services	InterQual <sup>®</sup> Adult Guidelines
High Tech Imaging	Internally developed criteria by National Imaging Associates (NIA). Criteria developed by representatives in the disciplines of radiology, internal medicine, nursing and cardiology.
Substance Use Disorder Services	Based upon the American Society for Addiction Medicine (ASAM) Patient Placement Criteria. The criteria are available at <a href="http://www.asam.org">www.asam.org</a>

There must be no other effective and more conservative or substantially less costly treatment, service and setting available. In keeping with CMS and South Carolina Healthy Connections Medicaid policies and procedures, ATC shall not cover experimental, investigational or cosmetic procedures.

Information necessary for authorization may include but is not limited to:

- Member's name and ID number;
- Physician's name and telephone number;
- Hospital name, if the request is for an inpatient admission or outpatient services;
- Reason for admission – primary and secondary diagnoses, surgical procedures, surgery date;
- Relevant clinical information – past/proposed treatment plan, surgical procedure, and diagnostic procedures to support the appropriateness and level of service proposed;
- Admission date or proposed surgery date, if the request is for an inpatient admission;
- Requested length of stay, if the request is for an inpatient admission;
- Discharge plans, if the request is for an inpatient admission;

If more information is required, the RN or LPN will notify the caller of the specific information needed to complete the authorization process.

ATC affirms that Utilization Management decision making is based only on appropriateness of care and service and the existence of coverage. ATC does not specifically reward practitioners or other individuals for issuing denials of coverage or care.

Consistent with 42 CFR 438.6(h) and 422.208, delegated providers must ensure that compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any member.

## **MODEL OF CARE**

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The MOC defines the management, procedures and operational systems that provide access, coordination and structure needed to provide services and care to our members.

### **Purpose**

To improve quality, reduce costs, and improve the member experience:

- Ensure members have full access to the services they are entitled
- Improve the coordination between the federal government and state requirements
- Develop innovative care coordination and integration models
- Eliminate financial misalignments that lead to poor quality and cost shifting

MOC Elements include:

- Description of the Special Needs Provider (SNP) Population
- Care Coordination
- SNP Network
- Quality Measurements and Performance Improvement

MOC Process:

- Every dual member is evaluated with a comprehensive Health Risk Assessment (HRA) within 90 days of enrollment, and at minimum annually, or more frequently with any significant change in condition or transition of care.

- The HRA collects information about the member's medical, psychosocial, cognitive, and functional needs, and medical and behavioral health history.
- Members are then triaged to the appropriate case management program for follow up.

## **INDIVIDUALIZED CARE PLAN**

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An Individualized Care Plan (ICP) is developed with input from all parties involved in the member's care. The ICP includes:

- Goals and Objectives
- Specific services and benefits to be provided
- Measureable Outcomes

Members receive monitoring, service referrals, and condition specific education. Case Managers and PCPs work closely together with the member and their family to prepare, implement and evaluate the ICP. ATC disseminates evidence-based clinical guidelines and conducts studies to:

- Measure member outcomes
- Monitor quality of care
- Evaluate the effectiveness of the MOC

## **INTERDISCIPLINARY CARE TEAM (ICT)**

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The Case Managers will coordinate the member's care with the Interdisciplinary Care Team (ICT). The ICT includes the health plan, member and caregiver, external practitioners, and vendors involved in the plan for the member's care which all are dependent on who the member chooses to attend.

- Inpatient Care: Case Managers will coordinate with facilities to assist members with the appropriate level of care and develop an appropriate discharge plan. ATC will then notify the PCP of the transition of care and anticipated discharge date to ensure members receive the appropriate follow-up care.
- Transition of Care: Managing transition of care for discharged members may include but is not limited to face to face or telephonic contact with the member or their representative in the hospital prior to discharge to discuss the discharge plan.
- Provider ICT Responsibilities: Provider responsibilities include accepting ICT meeting invitations on members when possible, maintain copies of the ICP, ICT worksheets and transition of care notifications in the member's medical record, and collaborating with our Case Managers, ICT, and members or caregivers.
- ICT Training: All internal and external ICT members will be trained annually on the current MOC.

### **How to identify Long Term Services and Supports (LTSS)**

LTSS are covered services in the Medicare-Medicaid product. Services include eating, grooming, dressing, toileting, bathing, transferring, meal planning and preparation, managing finances, shopping for food or other essential items, performing essential household chores, communicating by phone or by other media, as well as participating in the community. Members may qualify for these services through an eligibility assessment conducted by South Carolina Healthy Connections Medicaid or its designee. Additionally, upon enrollment with ATC, members will complete a HRA. This HRA will be provided to the member's PCP. Should you identify members who are not currently receiving LTSS services and may benefit from these services, please contact ATC Case Management at 1-855-735-4398.

### **How to identify Behavioral Health Needs**

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Common behavioral health needs include but are not limited to depression, anxiety, and alcohol and/or drug abuse. PCPs will be provided the member's HRA to assist with identifying behavioral health needs. Should you identify members who are not currently receiving behavioral health services and may benefit from these services, please contact ATC case management at 1-855-735-4398.

The Table below reflects services that require prior authorization. This is not an all-inclusive list. For a complete list of prior authorization requirements, please visit our website at [www.absolutetotalcare.com](http://www.absolutetotalcare.com).

Service	Description
<b>All out of network practitioners and providers rendering service to dually eligible members are required to obtain a prior authorization before rendering services.</b>	
Ambulance	<ul style="list-style-type: none"> <li>• Fixed-wing aircraft</li> <li>• Non-emergent</li> </ul>
Behavioral Health Services includes Substance Use Disorder	<ul style="list-style-type: none"> <li>• Inpatient Psychiatric</li> <li>• Partial hospitalization</li> <li>• Intensive Outpatient Therapy</li> <li>• Psychological Testing</li> <li>• Neuropsychological Testing</li> <li>• Electroconvulsive Therapy (ECT)</li> <li>• Substance Use Disorder Treatment/Rehabilitation</li> </ul>
Cosmetic Procedures	Includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. (Medicare Definition)
Durable Medical Equipment (DME)	Includes <u>but not limited to</u> : <ul style="list-style-type: none"> <li>• Custom Wheelchairs</li> <li>• Power Wheelchairs</li> <li>• Hearing aids</li> <li>• BIPAP</li> <li>• CPAP</li> <li>• Hospital Bed/Mattress</li> <li>• Lift Devices including Hoyer</li> <li>• Infusion Pumps</li> <li>• Oxygen</li> <li>• TENS Units</li> <li>• Ventilators</li> <li>• Wound Vacuum (Negative Pressure) Devices</li> <li>• Bone growth stimulator</li> <li>• Vagus nerve stimulator</li> </ul> <b>To determine if other DME codes require prior authorization, please refer to:</b> <a href="http://www.absolutetotalcare.com/for-providers/pre-auth-needed/">http://www.absolutetotalcare.com/for-providers/pre-auth-needed/</a>
Experimental/Investigational Services/Clinical Trial	Any item or service potentially considered investigational, experimental or as part of a clinical trial must be authorized in advance.
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins. Prior Authorization required.
Home Health Services	<ul style="list-style-type: none"> <li>• Home IV Infusion</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Speech Therapy</li> <li>• Skilled Nursing Visits</li> <li>• Social Work Visits</li> <li>• Home Health Aide</li> </ul>
Hospice	Home or Inpatient
Infertility	Includes the following: <ul style="list-style-type: none"> <li>• Drug Therapy</li> <li>• Testing</li> <li>• Treatment</li> </ul>
Inpatient Admission: Elective or Scheduled	<ul style="list-style-type: none"> <li>• Acute Inpatient Hospital</li> <li>• Inpatient Rehabilitation Hospital</li> <li>• Long Term Acute Care Hospital (LTAC)</li> <li>• Skilled Nursing Facility (SNF)</li> </ul>

Service	Description
Orthotics/Prosthetics	<p><b>To determine if Orthotic/Prosthetic codes require prior authorization, please refer to:</b>  <a href="http://www.absolutetotalcare.com/for-providers/pre-auth-needed/">http://www.absolutetotalcare.com/for-providers/pre-auth-needed/</a></p>
Observation Stay	Prior Authorization required
Outpatient therapy performed at free standing facility or outpatient hospital	<ul style="list-style-type: none"> <li>• Occupational Therapy (OT)</li> <li>• Physical Therapy (PT)</li> <li>• Speech-Language Therapy (ST)</li> </ul>
Pain Management	<ul style="list-style-type: none"> <li>• Facet Injections</li> <li>• Trigger Point Injections</li> <li>• Epidural Injections</li> <li>• Median Branch Block</li> <li>• Radio Frequency Ablation</li> <li>• Authorization required, unless being performed as part of a surgery</li> </ul>
Medicare Part B Drugs	Please see Medicare Part B Prior Authorization List
Radiology: Visit <a href="http://www.radmd.com">www.radmd.com</a>	<ul style="list-style-type: none"> <li>• MRI</li> <li>• PET</li> <li>• CT</li> </ul>
Sleep Studies	<ul style="list-style-type: none"> <li>• Diagnostic and Treatment (including surgery)</li> </ul>
Surgeries, regardless of place of service	<ul style="list-style-type: none"> <li>• Abortion</li> <li>• Bariatric Surgery</li> <li>• Blepharoplasty</li> <li>• Breast Augmentation (except following mastectomy)</li> <li>• Breast Reduction</li> <li>• Cochlear Implant</li> <li>• Diagnostic Left Heart Catheter</li> <li>• Excision of Lesion</li> <li>• Facial Osteotomy</li> <li>• Hysterectomy</li> <li>• Joint replacements</li> <li>• Mastectomy for Gynecomastia</li> <li>• Oral Surgery – Temporomandibular Joint Surgery</li> <li>• Otoplasty</li> <li>• Reconstructive and Plastic Surgery</li> <li>• Rhinoplasty</li> <li>• Sacral Nerve Neuromodulation</li> <li>• Scar Revision</li> <li>• Septoplasty</li> <li>• Spinal surgeries including fusion, stabilization, discectomy</li> <li>• Uvulopalatopharyngoplasty/Uvulopharyngoplasty</li> <li>• Veins (ablation, ligation, stripping, sclerotherapy)</li> </ul>
<b>Transplants</b>	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search, and transplant procedure.