Louisiana Department of Health
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Retrospective Eligibility Requests for Precertification

The retrospective eligibility requests for precertification policies for the five Managed Care Plans are as follows:

Aetna - Retrospective review requests should be submitted to Aetna's Utilization Management (UM) department via provider portal, telephone to 1-**855-242-0802** (provider option), or fax to 1-**844-227-9205**. The retrospective review requests will be reviewed by Aetna's UM department within 30 days of receipt to identify medical necessity when the following are met:

- The member is eligible with the health plan on the service dates to be reviewed
- The service/treatment is a covered benefit
- The claim has not been paid by the Health Plan

If the clinical review does not meet medically necessary guidelines and it is determined by the Medical Director that coverage of the service will not be authorized, a denial letter is issued to the requesting provider.

AmeriHealth Caritas (ACLA) - Retrospective review requests should be submitted to ACLA's UM department via telephone to **1-888-913-0350** or fax to **1-866-397-4522**. Upon receipt of a retrospective review request, ACLA's UM department will conduct a medical necessity review within 30 days. ACLA will issue a determination to the provider in writing. Denied requests are reviewed by an ACLA Medical Director prior to finalization and are appealable by the provider.

Amerigroup - In cases where the members are retroactively eligible with Amerigroup, the UM nurse will perform a post-service review on any services requiring prior authorization or pre-certification. Providers will be required to notify the National Customer Care (NCC) for all eligible retrospective cases by phone at **1-800-454-3730**, fax **1-800-964-3627** or online at providers.amerigroup.com/LA. Please be sure to mark the submitted clinical and notification as a retrospective case. The provider is required to submit a complete day by day utilization review for each day of the length of stay for the complete length of services.

The Amerigroup requirement for inpatient day by day review mirrors the legacy Medicaid UM process for retrospective reviews. For outpatient services, the provider is required to fax in a prior authorization request form, document at the top of the form that this is a retrospective review request, provide an order for services and all relevant clinical information to determine the medical necessity of services to the following outpatient fax line: 1-**866-822-5658.**

If the clinical review does not meet medically necessary guidelines and it is determined by the Medical Director that coverage of the service will not be authorized, the appropriate denial of coverage letter is issued to the requesting provider and the member with appeal information included. Notification of approval will be via call and fax to the provider. Notification of denial will be made via call, fax, and appropriate denial letter. Retrospective review decisions are completed within 30 calendar days of receipt of request.

Louisiana Healthcare Connections - Requests for precertification for members with retrospective eligibility can be called into 1-866-595-8133 or faxed to 1-877-401-8175. A nurse will conduct a medical necessity review based on the clinical information submitted. If medical necessity criteria are not met, the request will be automatically reviewed by a Medical Director. The determination will be mailed to the requesting provider within thirty (30) days.

United Healthcare (UHC) - Precertification requirements are waived for historical services provided entirely within a member's retrospective period. Providers do not need to contact UHC prior to submitting claims for services provided in the retrospective period. When applicable, claims should include required consent forms and other types of supporting documentation.