



Policy & Procedure			
<b>Subject:</b>	Standard and Urgent Prior (Pre-Service) Authorization		
<b>Policy Number:</b>	153.003	<b>Page(s):</b>	40
<b>Supersedes:</b>	All Previous Versions of this Policies	<b>Attachment(s):</b>	3
<b>Department:</b>	Utilization Management		
<b>Policy Owner:</b>	Utilization Management Manager		
<b>Stakeholder(s):</b>	Utilization Management		
<b>Applicable Parties:</b>	All AmeriHealth Caritas Louisiana (ACLA) Associates and AmeriHealth Caritas Family of Companies (ACFC) Associates Representing ACLA		
<b>Date Reviewed:</b>	<u>1102/2519</u> /2019	<b>Original Effective Date:</b>	08/11/2011
<b>Date Reviewed by Compliance:</b>	<u>11/27/2019</u>	<b>Current Effective Date:</b>	01/20/2020
<b>Next Review Date:</b>	11/25/2020	<b>Review Cycle:</b>	Annually
<b>Contract Reference(s):</b>	LDH 2015-2018 RFP Section 8.4		
<b>NCQA Reference(s):</b>	UM 1 Element A; UM 5 Element A		

## POLICY

Services requiring Prior Authorization are selected on the basis of:

1. Availability of evidenced based guidelines to evaluate the medical necessity of services to authorize Medicaid State Plan and waiver services as appropriate and to reduce inappropriate or duplicative use of health care services.
2. Recognition that unexplained variation exists among practitioners in the utilization of selected services;
3. Services are to be managed to promote utilization of best, evidenced based and informed practices to improve access and delivery efficient, high quality services.
4. Member eligibility to receive Medicaid benefit coverage.

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Services and categories of services which require ACLA Authorization are listed in Attachments A and services, which require ACLA Authorization are listed in Attachments A, and B.

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ACLA UM policies and procedures include service authorization policies and procedures consistent with 42 CFR §438.210, 42 CFR §441 Subpart D, state laws and regulations, Medicaid State Plan and waivers, and the court-ordered requirements of Chisholm v. Gee and Wells v. Gee

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for initial and continuing authorization of services. **OTPs must adhere to all policies, rules and regulations set forth by the LA Department of Health; Office of Behavioral Health, State Opioid Treatment Authority. Services shall be shall be provided in accordance with the standards set forth by SAMHSA, Health Standards Licensing, the US Department of Justice Drug Enforcement Administration (DEA), the LA Board of Pharmacy and all applicable SAMHSA approved accrediting bodies as accepted by the LA Department of Health.**

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ACLA associates review all requests for service authorization to reduce inappropriate and duplicative use of health care services. Services ~~are shall be~~ reviewed for being sufficient in an amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished and that are no less than the amount, duration or scope for the same services furnished to eligible members under the Medicaid State Plan. ACLA shall not arbitrarily deny or reduce the amount, duration or scope of required services solely because of diagnosis, type of illness or condition of the member. ACLA may place appropriate limits on a service on the basis of medical necessity or for the purposes of utilization control (with the exception of EPSDT services and family planning with freedom of choice for method to be used), provided the services furnished can reasonably be expected to achieve their purpose in accordance with 42 CFR §438.210.

ACLA shall ensure that compensation to individuals or entities that conduct UM activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary covered services to any member in accordance with 42 CFR §438.6(h), 42 CFR §422.208, and 42 CFR §422.210. Any decision to deny a service authorization request or to authorize a service in an amount, duration or score that is less than requested is made by a health care professional who has appropriate clinical expertise in treating the enrollee's condition or disease.

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**All** ~~D~~eterminations of medical necessity are made by qualified and trained practitioners in accordance with state and federal regulations. Licensed clinical professionals with appropriate clinical expertise in the treatment of a member's condition or disease shall determine **denial of** service authorization request **denials** or authorize a service in an amount, duration or scope that is less than requested. The individual(s) making these determinations shall have no history of disciplinary action or sanctions; including loss of staff privileges or participation restrictions, that have been taken or are pending by any hospital, governmental agency or unit, or regulatory body that raise a substantial question as to the clinical peer reviewer's physical, mental, or professional or moral character. The individual making these determinations is required to attest that no adverse determination will be made regarding any medical procedure or service outside of the scope of such individual's expertise.

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**Utilization Management** -medical necessity criteria and practice guidelines shall be disseminated to all affected providers, members and potential members upon request.

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Decisions for utilization management, enrollee education, coverage of services, and other areas to which the guidelines apply should be consistent with the guidelines.

ACLA shall have written procedures listing the information required from a member or health care provider in order to make medical necessity determinations. Such procedures shall be given verbally to the covered person or health care provider when requested. The procedures shall outline the process to be followed in the event ACLA determines the need for additional information not initially requested.

ACLA shall have written policies and procedures for processing requests for initial and continuing authorizations of services, where a service authorization member's request is for the provision of a service if a provider refuses a service or does not request a service in a timely manner.

Prior Authorization is performed by UM staff who are supported by licensed physicians. Prior authorization for specialty behavioral health services and PSH are performed by trained staff with expertise in authorization, medical necessity criteria, and practice guidelines for these services. Prior Authorization decisions are based on nationally accepted guidelines (UM Medical Necessity Criteria) as outlined in ACLA Policy #UM.008L, *Clinical Criteria*. UM staff can approve requested services when UM Medical Necessity Criteria have been met. Any decision to deny, alter or approve coverage for an admission, service, procedure or extension of stay in an amount, duration or scope that is less than requested is made by the ACLA Medical Director or physician designee after evaluating the individual health needs of the Member, characteristics of the local delivery system and, as needed, consultation with the treating physician.

Prior Authorization determinations, to include approvals, extensions and denials, are documented in the appropriate medical management system to facilitate claim payment, and are communicated to the facility/provider and the member in accordance with ACLA Policy #UM.010L, *Timeliness of UM Decisions*. AmeriHealth Caritas Louisiana's medical management system electronically stores and reports the date and time all service requests are received, the determination, date and time determination is given to provider and member, and the documentation received supporting the decision. The member (or provider/agent on behalf of the member) is provided with information on the opportunity to present evidence, and allegations of fact or law, in person as well as in writing, within the member and provider handbook and on the ACLA website [www.amerihealthcaritasla.com](http://www.amerihealthcaritasla.com). The medical management system generates and stores an authorization number and the effective dates of the authorization to servicing and requesting Practitioners/Providers, regardless of contracted status. Any decision to extend, deny or limit coverage is communicated in writing to the facility, attending physician, and/or Member in accordance with ACLA Policy #UM.017L, *Notice of Adverse Determination and #UM.010L, Timeliness of UM Decisions*.

**Field Code Changed**

An ACLA Associate may need to Use and/or Disclose a Member's Protected Health Information (PHI) for the purpose of Treatment, Payment, and Operations (TPO). Federal HIPAA privacy



regulations do not require Health Plans to obtain a Member's written consent or Authorization prior to using, disclosing, or requesting PHI for purposes of TPO. Therefore, AmeriHealth Caritas Louisiana is not required to seek a Member's authorization to release his/her PHI for any one of the aforementioned purposes (See ACFC Policy #168.227, *Use and Disclosure of Protected Health Information Without Member Consent or Authorization*).

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ACLA Associates may not Use, request or Disclose to others any PHI that is more than the Minimum Necessary to accomplish the purpose of the Use, request, or Disclosure (with certain exceptions as outlined in ACFC Policy #168.217, *Minimum Necessary Rule*). ACLA Associates are required to comply with specific policies and procedures established to limit uses of, requests for, or disclosures of PHI to the minimum amount necessary.

ACLA will maintain adequate administrative, technical and physical safeguards to protect the privacy of PHI from unauthorized use or disclosure, whether intentional or unintentional, and from theft and unauthorized alteration. Safeguards will also be utilized to effectively reduce the likelihood of use or disclosure of PHI that is unintended and incidental to a use or disclosure in accordance with ACLA policies and procedures (see ACLA Policy #161.112, *Safeguards to Protect the Privacy of Protected Health Information*). ACLA will reasonably safeguard PHI to limit incidental uses and disclosures. An incidental use or Disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and occurs as a by-product of an otherwise permitted use or disclosure (see ACLA Policy #161.112, *Safeguards to Protect the Privacy of Protected Health Information*).

All documentation created or maintained in this policy will be recorded in the appropriate information system. ACLA shall retain documents relating to Protected Health Information for seven (7) ten (10) years in accordance with ACLA Policy #161.001, *Document Retention Period: Documents Relating to the Privacy of Protected Health Information*, unless otherwise required by Law or regulation.

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ACLA Associates must follow facsimile guidelines in handling PHI that is transmitted or received in accordance with the company policy (see ACLA Policy #161.110, *Facsimile Machines and Transmission of Protected Health Information*).

## **PURPOSE**

To define a consistent process for Prior Authorization of standard (non-urgent) and urgent services requiring Prior Authorization including a list of services/service categories that require Prior Authorization.

## **DEFINITIONS**

See ACLA Policy #UM.001L, *Glossary of Terms*



See ACFC Policy #168.235, *HIPAA Definitions*

**Standard Prior (Pre-Service) Authorization:** A determination made by the ACLA to approve or deny payment for a Provider's request to provide a service or course of treatment of a specific duration and scope to a Member prior to the Provider's initiating provision of the requested service. This does not include Urgent Care Prior (Pre-Service) Authorizations - see below definition.

**Urgent Prior (Pre-Service) Authorization:** A determination made by the AmeriHealth Caritas Louisiana to approve or deny payment for a provider's request to provide to a Member a service or course of treatment of a specific duration and scope for an Urgent Medical Condition prior to the provider's initiating provision of the requested service. This does not include Non-Urgent Prior (Pre-Service) Authorizations.

## PROCEDURE

1. Requests for Prior Authorization are submitted electronically via provider portal, by telephone, fax, or written request to the AmeriHealth Caritas Louisiana Utilization Management (UM) department. Prior Authorization Requests may be submitted by the Practitioner/Provider ordering the service or performing the service or by the Member.
2. Health Care Practitioners/Providers are not required to submit the numerical diagnosis/procedure code to have the service considered for authorization.
3. UM staff reviews the request to determine if the item/service is covered under ACLA benefits for members greater than 21 years of age. If the requested service is not covered, the request is processed as a non-covered benefit. Notification of the determination is made in accordance with ACLA Policy #UM.017L, *Notice of Adverse Determination*.
4. For members less than 21 years of age, all service requests are reviewed by UM staff against the definition of Medically Necessary.
5. For services covered under ACLA, the UM staff reviews the information submitted in support of the request against the definition of Medically Necessary and applicable UM Medical Necessity criteria (See ACLA Policy #UM.008L, *Clinical Criteria*). Both Standard and Urgent Prior (Pre-Service) Authorization requests are reviewed in accordance with the timeframes outlined in ACLA Policy #UM.010L, *Timeliness of UM Decisions*.
6. ACLA has procedures in place to address authorization requests in an emergency situation. A request is considered an emergency if a delay in obtaining the medical equipment or supplies would be life-threatening to the member. In an emergency situation, verbal requests are accepted and a determination made no later than one (1) business day following the date the request is received.
  - a. Neither the member nor the provider is required to pre-authorize emergency services. Behavioral Health emergency and post-stabilization services are considered those that occur in a hospital emergency room. Admission to a



psychiatric unit is not considered emergency care and pre-certification is required.

b. Providers are able to prior authorize behavioral health inpatient admissions at any time. Behavioral Health Utilization Management staff is available 24 hours a day, 365 days a year to complete reviews of admissions.

7. The information gathered for use in a Prior Authorization determination includes some or all of the following:

- Medical history
- Mental Health and Substance Use Disorder (SUD) History
- History of present illness
- Presenting symptoms
- Prior treatment outcomes
- Current clinical status
- Plan of care
- ER treatment
- Current treatment
- Discharge Plan
- Information regarding condition and instructions at prior discharge if readmission within thirty (30) days.

8. If there is not sufficient information to make a determination, the UM staff will request additional information in accordance with the procedure outlined in ACLA Policy #UM.010L, *Timeliness of UM Decisions*. In cases where the provider or member will not release necessary information, ACLA may deny authorization of the requested service(s) within 2 business days of the request for additional information. **for non-Chisholm enrollees. ACLA may deny Chisholm enrollees if there is not sufficient documentation to make a determination within 30 days after notifying the provider, enrollee or EPSDT support coordinator that additional information was required. If the provider informs ACLA that additional information is pending an appointment with a provider, the enrollee must inform the UM PAL of the appointment date and the UM PAL will follow up within 5 days of the appointment, and then follow-up as necessary to obtain the needed information. If the enrollee fails to keep the appointment, ACLA may deny authorization of requested services.**

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Lack of sufficient information is defined as, but not limited to:

- Lack of information indicating that the service is Medically Necessary
- Lack of consultant findings
- Lack of therapy evaluations



9. The Service Authorization decision may be extended up to fourteen (14) additional calendar days if:
  - The member, or provider, requests the extension; or
  - ACLA justifies (to LDH upon request) a need for additional information and how the extension is in the member's best interest.
10. *If the decision is to extend the service authorization decision the UM staff/clinician will:*
  - *Make reasonable efforts to give the member prompt oral notice of the delay;*
  - *Within two (2) days, give the member written notice of the reason for the decision to extend the timeframe and inform the member of the right to file a grievance if he or she disagrees with that decision, and*
  - *Issue and carry out its determination as expeditiously as the member's health condition requires and no later than the date the extension expires.*
11. The UM clinician may make a determination that coverage for the requested service(s) is Medically Necessary based on the ACLA's accepted UM Medical Necessity criteria (See ACLA Policy #UM.008L, *Clinical Criteria*). The requesting Practitioner/Provider, facility and Member are notified of this determination as outlined in ACLA Policy #UM.010L, *Timeliness of UM Decisions*.
12. If the UM clinician is not able to approve the requested service(s) he/she will refer the case to the Medical Director or physician designee for review. As part of the Physician review process, the Physician reviews the clinical information submitted in support of the request. In the instance where the Medical Director gives verbal approval after discussion with the UM clinician, the UM clinician will document the approval, along with the reason for approval, within the specific case notes in the medical management information system.
13. Under no circumstances may the UM clinician deny, alter, or approve a lower or different level of care or scope of services than requested; any such denial or downgrade must be made by either the Medical Director or physician designee.
14. The Medical Director/physician designee may consult a specialty Practitioner/Provider for input into the determination.
15. The UM clinician is responsible for communicating the Medical Director or physician designee's determination to the requesting Practitioner/Provider, facility and /or Member as outlined in ACLA Policy # UM.010L, *Timeliness of UM Decisions*.
16. If the Medical Director or physician designee's determination is to deny, alter or approve a lower or different level of care or scope of services than requested, the requesting Practitioner/Provider and/or Member are notified of the determination and applicable appeal rights as outlined in ACLA Policy #UM.017L, *Notice of Adverse Determination*.
17. At the time of the notification of the adverse determination, the Practitioner/Provider and/or member is given the opportunity to present evidence, and allegations of fact or law, in person as well as in writing by contacting the UM department. The practitioner/provider is given the opportunity to discuss the adverse determination with the Medical



Director/physician designee who made the determination or his/her designee (See ACLA Policy #UM.105L, *Peer-to-Peer Discussion*).

18. ACLA must mail the notice of Action within the following timeframes: For termination, suspension, or reduction of previously authorized Medicaid-covered services, at least ten (10) days before the date of action, except: The period of advanced notice is shortened to five (5) days if probably member fraud has been verified or by the date of action for the following

- In the death of a recipient
- A signed written recipient statement requesting service termination or giving information requiring termination or reduction of services (where he understands that this must be the result of supplying that information);
- The recipient's admission to an institution where he is eligible for further services;
- The recipient's address is unknown and mail directed to him has no forwarding address;
- The recipient has been accepted for Medicaid services by another local jurisdiction; or
- The The recipient's recipient's physician prescribes the change in the level of medical care; or as otherwise permitted under 42 CFR 431.213.

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19. Members, or Practitioners acting on behalf of the Member with the Member's written consent, may appeal an adverse determination in accordance with the ACLA's member appeal policy.

20. All court-ordered Medicaid behavioral health services are subject to medical necessity review. In order to be eligible for payment, the service must be medically necessary and a covered benefit/service, as determined by ACLA within the Louisiana Medicaid's medical necessity definition outlined in ACLA Policy # UM 008L Clinical Criteria and is subject to medical necessity review.

#### **REFERENCES (Cited Policies and Procedures and Source Documents)**

ACLA Policy #UM.001L, Glossary of Terms

ACLA Policy #UM.008L, Clinical Criteria

ACLA Policy #UM.010L, Timeliness of UM Decisions

ACLA Policy #UM.017L, Notice of Adverse Determination

ACLA Policy #UM.105L, Peer-to-Peer Discussion



ACLA Policy #161.110, Facsimile Machines and Transmission of Protected Health Information

ACFC Policy #168.217, Minimum Necessary Rule

ACLA Policy #161.112, Safeguards to Protect the Privacy of Protected Health Information

ACFC Policy #168.227, Use and Disclosure of Protected Health Information Without Member Consent/Authorization

ACFC Policy #168.235, HIPAA Definitions

ACLA Policy #161.001, Document Retention Period: Documents Relating to the Privacy of Protected Health Information

#### **ATTACHMENTS**

Attachment A: Services Requiring Prior Authorization

Attachment B: BH Services Requiring Prior Authorization

#### **REVIEW/REVISION DATES**

Date	Type	Description of Revision
8/11/2011	Initial	
2/3/2012	Approval	This policy was approved by ACLA's Medical Director.
08/01/14	Annual Review	Rebranding due to Name Change. Removed reference to social worker as clinical reviewers are Registered nurses. Change in policy numbering system
01/15/15	Contract Review	Updated to ensure compliance with new contract language.
7/22/2015	Contract Update	Reviewed and updated to ensure compliance with contract update to include Behavioral Health Integration effective 12/1/2015
04/01/2016	Annual Review	No change to scope since review and addition of BH language
03/30/2017	Updated	Updated with contract language for 8.1.7, 8.1.18, 8.1.21, 8.1.13, 8.1.14, 8.1.15, 8.1.16, 8.1.17. Updated Attachment A & B with BH services, DME PA requirement over \$750, Free standing clinic PA requirement.



01/23/2018	Contract update	Updated with contract language 8.5.1.1, Attachment A- updated with additional covered benefits and 7.8.15.6
02/19/2019	Annual review	No change to intent or scope.
7/5/2019	Annual update	Included member eligibility under policy section and contract verbiage for 8.5.4.1.3
<b><u>11/25/2019</u></b>	<b><u>update</u></b>	<b><u>Updated with added coverage for Opioid Use Disorder Treatment in Opioid Treatment Program</u></b>

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#### **Policy and Procedure Approval**

##### **Policy and Procedure Type:**

New  Revision  Review, No revision

Replacement (Replaced policy & procedure No. \_\_\_\_\_)

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##### **Approval Signatures:**

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Lesli Boudreax



Director, Compliance & Regulatory Affairs

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Kathy McElheney  
Regional UM Director, Utilization Management

**Attachment A**

**AmeriHealth Caritas Louisiana Authorization/Referral Requirements**

**Does Not Require Authorization/Notification/Referral**

- Emergency Room Services (in-network and out-of-network)
- 48-Hour Observations (except for Maternity – notification required)
- Dialysis Services
- Low-level plain films - X-rays, EKG's
- Family Planning Services
- Post Stabilization Services (in-network and out-of-network)
- EPDST Screening Services
- Women's Healthcare by In-Network Providers (OB-GYN Services)



- All non- emergency inpatient admissions for normal newborn deliveries
- A PCP referral (if the PCP is not a women's health specialist) for access to a women's health specialist contracted with ACLA for routine and preventive women's healthcare services and prenatal care.
- Continuation of covered services for a new member transitioning to the plan the first 30 calendar days of continued services
- A PCP referral for in-network eye care and vision services.
- All ultrasounds performed by a Fetal Maternal Specialist. Up to 3 Ultrasounds for pregnant members being treated by a par provider.
- Indian members may be referred from an IHCP to a network provider.

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#### **Notification Requested**

- Maternity Obstetrical Services (a notification by the provider of Obstetrical care at the time of the first visit of the pregnancy).
- All newborn deliveries (notification required by the provider of Obstetrical admissions and up to forty-eight (48) hours after vaginal delivery; ninety-six (96) hours after Caesarean section).

#### **Authorization Required**

- All out of network services (with the exceptions noted above)
- Air Ambulance
- In-patient services
  - All inpatient hospital admissions, including medical, surgical and rehabilitation within one (1) business day of admission.
  - Obstetrical admissions exceeding the following:
    - Forty-eight (72) hours after vaginal delivery.
    - Ninety-six (120) hours after Caesarean section.
  - In-patient Medical Detoxification
  - Elective transfers for inpatient and/or outpatient services between acute care facilities
  - Long-Term Care Initial Placement if still enrolled with the plan
- Home-based services
  - Home Health Care (PT, OT, ST) and skilled nursing visits (after six combined visits, regardless of modality).
  - Private Duty Nursing (Extended Nursing Services) (covered when medically necessary for under age 21)
  - Personal Care Services (covered when medically necessary for under age 21)
  - Home Health Extended Services
  - Home Infusions & Injections (please see HCPCS Code list requiring authorization on Attachment C)

- Enteral Feedings, including related DME
- Hospice Services
- Therapy and related services
  - speech therapy, occupational therapy, physical therapy, private/professional speech therapy, and occupational therapy require prior authorization at first visit.
  - Outpatient facility-based speech and occupational therapy
  - Private/professional and outpatient facility physical therapy
  - Chiropractic Care
  - Cardiac Rehabilitation
- Transplants, including transplant evaluations
- All DME rentals
- All custom DME, orthotics and prosthetics
- Durable Medical Equipment for billed charges \$750 and over:
  - Diapers/Pull-ups (ages 3 through 20) who qualify:
    - for quantities over 200 per month for either or both
    - Brand specific diapers
- Hyperbaric Oxygen
- Implants (over \$750)
- Medications: Prior authorization for physician-administered infusions and injectables/injectable are based on the medication's HCPCS code. Please see comprehensive list on attachment C.
- Cochlear Implantation
- Gastric Bypass/Vertical Band Gastroplasty
- Surgical services that may be considered cosmetic, including
  - Blepharoplasty
  - Mastectomy for Gynecomastia
  - Mastoplexy
  - Maxillofacial
  - Panniculectomy
  - Penile Prosthesis
  - Plastic Surgery/Cosmetic Dermatology
  - Reduction Mammoplasty
  - Septoplasty
- Hysterectomy
- Pain Management – external infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation and nerve blocks
- Radiology Services
  - CT Scan
  - MRI
  - MRA

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- Nuclear Cardiac Imaging
- PET Scans for Oncologic Conditions
- Ultrasounds exceeding 3 (with exceptions noted above)
- All unlisted, miscellaneous and manually priced codes

#### **Attachment B**

#### **AmeriHealth Caritas Louisiana Behavioral Health Authorization/Referral Requirements**

##### **Does Not Require Authorization/Notification/Referral**

- 48-Hour Observations
- Behavioral Health & Substance Use Disorder (SUD) Evaluations & Assessments
- Behavioral Health & Substance Use Disorder (SUD) Medical Team Conference
- Behavioral Health & Substance Use Disorder (SUD) Medication Evaluation, Management & Consultation
- Behavioral Health & Substance Use Disorder (SUD) Outpatient Therapy (Individual, Family, Group Therapy Sessions including SUD Level 1)



- Behavioral Health & Substance Use Disorder (SUD) Therapeutic Injections
- [Opioid Use Disorder Treatment in Opioid Treatment Programs](#)
- In Lieu of Services:
  - In Lieu of: 23-Hour Observation Bed Services for all Medicaid Eligible Adults (Age 21 and Above)
  - In Lieu of: Injection Services Provided by Licensed Nurses to All Medicaid Eligible Adults (Age 21 and Above)

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#### **Notification Required** (authorization will be provided for billing purposes)

- Substance Use Disorder Acute Detoxification (notification required when no more than 5 days of services are provided)
- Substance Use Disorder Sub-acute Detoxification (notification required when no more than 5 days of services are provided)
- Initial Crisis Intervention Mental Health Services for all ages (notification and auto-approval)
- Community Psychiatric Supportive Treatment (CPST) and Psychosocial Rehabilitation Treatment (PSR) for Permanent Supportive Housing (PSH) Tenancy supports

#### **Prior Authorization Required**

- All out of network services
- Applied Behavior Analysis (ABA)
- Electroconvulsive Therapy (ECT)
- Psychiatric Residential Treatment Facility (PRTF)
- Psychiatric In-patient services
- Psychoanalysis
- Psychological and Neuropsychological Testing
- Crisis Stabilization
- Adult Community Psychiatric Supportive Treatment (CPST)
- Child and Adolescent Community Psychiatric Supportive Treatment (CPST) that also includes:
  - Homebuilders (HB)
  - Functional Family Therapy (FFT)
  - Multi-systemic Therapy (MST)
- Therapeutic Group Home (TGH)
- Assertive Community Treatment (ACT) members aged 18 and up
- Crisis Intervention Follow Up Services
- Adult Psychosocial Rehabilitation Services (PSR)
- Child and Adolescent Psychosocial Rehabilitation (PSR)

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- Substance Use Disorder (SUD) Halfway House (ASAM Level 3.1)
- Long Term Residential Care (Adult only ASAM Level 3.3)
- Substance Use disorder Acute Detoxification (prior authorization required when 6 or more days of services is provided)
- Substance Use Disorder Sub-acute Detoxification (prior authorization required when 6 or more days of services is provided)
- Substance Use Disorder (SUD) Adult & Child/Adolescent Treatment Program (ASAM Level 3.5)
- Substance Use Disorder (SUD) Adult Treatment Program (ASAM Level 3.7)
- Substance Use Disorder (SUD) Intensive Outpatient Program (ASAM Level 2.1)
- In Lieu of Services:
  - In Lieu Of: Residential SUD in freestanding facility (IMD) for adults 21-64 years old
    - SUD ASAM Level 3.1: Halfway House
    - SUD ASAM Level 3.3: Behavioral Health Long Term Residential
    - SUD ASAM Level 3.5: Residential Treatment
    - SUD ASAM Level 3.7: Adult Treatment
    - SUD ASAM Level 3.7D: Acute Detox
  - In Lieu of: Freestanding Psych Hospital / IMD for adults

#### Attachment C

**AmeriHealth Caritas Louisiana authorization requirements of physician-administered infusions and injectable are based on the medications HCPCS code listed below:**

**Procedure Code Definition Brand Name**

J0178	EYLEA
J0180	FABRAZyme
J0190	AKINETON
J0200	TROVAN IV



J0202	LEMTRADA
J0205	CEREDASE
J0135	HUMIRA
J0638	ILARIS
J0640	WELLCOVORIN
J0641	FUSILEV
J0695	ZERBAXA
J0710	CEFADYL
J0712	TEFLARO
J0714	AVYCAZ
J0715	CEFIZOX
J0717	CIMZIA
J0725	PREGNYL
J0207	ETHYOL
J0215	AMEVIVE
J0220	LUMIZYME
J0221	LUMIZYME
J0256	ZEMAIRA
J0257	GLASSIA
J0270	CAVERJECT
J0275	MUSE
J0364	APOKYN
J0380	ARAMINE
J0395	GENESA
J0400	ABILIFY
J0401	ABILIFY MAINTENA
J0476	LOORESAL INTRATHECAL
J0480	SIMULECT
J0485	NULOJIX
J0490	BENLYSTA
J0565	ZINPLAVA
J0570	PROBUPHINE
J0585	BOTOX
J0586	DYSPORT
J0587	MYOBLOC
J0588	XEOMIN
J0594	BUSULFEX
J0596	RUCONEST
J0597	BERINERT



J0598	CINRYZE
J0606	PARSABIV
J0743	PRIMAXIN
J0775	XIAFLEX
J0800	HP ACTHAR
J0875	DALVANCE
J0878	CUBICIN
J0881	ARANESP
J0882	ARANESP
J0883	ARGATROBAN
J0884	ARGATROBAN
J0885	PROCRIT
J0886	PROCRIT
J0888	MIRCERA
J0890	OMONTYS
J0894	DACOGEN
J0897	XGEVA
J0900	ANDROGYN LA
J1060	DEPO-TESTADIOL
J1070	DEPO-TESTOSTERONE
J1080	TESTOSTERONE CYPIONATE 200 MG
J1260	ANZEMET
J1290	KALBITOR
J1300	SOLIRIS
J1322	VIMIZIM
J1325	VELETRI
J1335	INVANZ
J1428	EXONDYS 51
J1435	THEELIN
J1436	DIDRONEL
J1438	ENBREL
J1442	NEUPOGEN
J1446	GRANIX
J1447	GRANIX
J1452	VITAVENE
J1453	EMEND
J1457	GANITE
J1458	NAGLAZYME
J1459	PRIVIGEN



J1460	GAMASTAN S/D
J1555	CUVITRU
J1556	BIVIGAM
J1557	GAMMAPLEX
J1559	HIZENTRA
J1560	GAMASTAN S/D
J1561	GAMUNEX-C
J1562	VIVAGLOBIN
J1566	GAMMAGARD SD
J1568	OCTAGAM
J1569	GAMMAGARD LIQUID
J1572	FLEBOGAMMA
J1575	HYQVIA
J1590	TEQUIN
J1595	COPAXONE
J1599	
J1600	MYOCHRISINE
J1602	SIMPONI ARIA
J1620	FACTREL
J1627	KYTRIL
J1645	FRAGMIN
J1652	ARIXTRA
J1655	INNOHEP
J1675	VANTAS
J1725	MAKENA
J1726	MAKENA
J1729	
J1740	BONIVA
J1742	CORVERT
J1743	ELAPRASE
J1744	FIRAZRY
J1745	REMICADE
J1786	CEREZYME
J1826	AVONEX
J1830	BETASERON
J1833	CRESEMBA
J1930	SOMATULINE DEPOT
J1931	ALDURAZYME
J1942	ARISTADA



J1950	LUPRON DEPOT
J2020	ZYVOX
J2170	INCRELEX
J2182	NUCALA
J2212	RELISTOR
J2271	ROXANOL
J2275	ASTROMORPH
J2278	PRIALT
J2323	TYSABRI
J2326	SPINRAZA
J2350	OCREVUS
J2353	SANDOSTATIN LAR DEPOT
J2355	NEUMEGA
J2357	XOLAIR
J2358	ZYPREXA RELPREVV
J2407	ORBACTIV
J2425	KEPIVANCE
J2426	INVEGA SUSTENNA
J2430	AREDIA
J2469	ALOXI
J2502	SIGNAFOR-LAR
J2503	MACUGEN
J2504	ADAGEN
J2505	NEULASTA
J2507	KRYSTEXXA
J2543	ZOSYN
J2547	RAPIVAB
J2562	MOZOBIL
J2724	CEPROTIN
J2770	SYNERCID
J2778	LUCENTIS
J2786	CINQAIR
J2793	ARCALYST
J2794	RISPERDAL CONSTA
J2796	NPLATE
J2820	LEUKINE
J2840	KANUMA
J2860	SYLVANT
J2940	PROTROPIN



J2941	HUMATROPE
J3060	ELELYSO
J3095	VIBATIV
J3110	FORTEO
J3120	DELATESTRYL
J3130	DELATESTRYL
J3140	ANDRONAQ 50
J3150	TESTEX
J3262	ACTEMRA
J3285	REMODULIN
J3357	STELARA
J3358	STELARA
J3380	ENTYVIO
J3385	VPRIV
J3396	VISUDYNE
J3470	WYDASE
J3471	VITRASE
J3472	VITRASE
J3473	HYLENEX
J3486	GEODON
J3489	ZOMETA
J3490	
J3570	
J3590	
J7175	COAGADEX
J7178	RIASTAP
J7179	VONVENDI
J7180	CORIFACT
J7181	TRETEN
J7182	NOVOEIGHT
J7183	WILATE
J7185	XYNTHA
J7186	ALPHANATE VWF
J7187	HUMATE P
J7188	OBIZUR
J7189	NOVOSEVEN RT
J7190	MONOCLOATE-P
J7191	HYATE-C
J7192	RECOMBINATE



J7193	MONONINE
J7194	BEBULIN, PROFILNINE SD
J7195	BENEFIX
J7196	PROPLEX T
J7197	THROBATE III
J7198	FEIBA
J7199	
J7200	RIXUBIS
J7201	ALPROLIX
J7202	IDELVION
J7205	ELOCTATE
J7207	ADYNOVATE
J7209	NUWIQ
J7210	AFSTYLA
J7211	KOVALTRY
J7302	LEVONORGESTREL IU 52 MG
J7306	NORPLANT
J7308	LEVULAN
J7309	METVIXIA
J7310	VITRASERT
J7311	RETISERT
J7312	OZURDEX
J7313	RETISERT
J7316	JETREA
J7320	GENVISC 850
J7321	SUPARTZ
J7322	HYMOVIS
J7323	EUFLINXXA
J7324	ORTHOVISC
J7325	SYNVISC ONE
J7326	GEL-ONE
J7327	MONOVISC
J7328	GELSYN
J7330	CARTICEL
J7335	QUTENZA
J7345	AMELUZ
J7503	ENVARSUS XR
J7504	ATGAM
J7505	ORTHOCLONE OKT3



J7508	ASTAGRAF
J7513	ZENAPAX
J7599	
J7604	
J7607	XOPENEX
J7609	PROVENTIL
J7610	VENTOLIN
J7615	XOPENEX
J7621	ALBUTEROL UP TO 5 MG OR 2.5 MG (LEVOALBUTEROL), AND IPRATROPIUM BROMIDE, UP TO 1 MG, CMPD INH SOL ADMINISTERED THROUGH DME
J7622	
J7624	
J7627	PULMICORT
J7628	TORNALATE
J7629	TORNALATE
J7632	
J7634	RHINOCORT
J7635	SAL-TROPINE
J7636	SAL-TROPINE
J7637	DECADRON
J7638	DECADRON
J7639	PULMOZYME
J7640	FORADIL
J7641	NASALIDE
J7642	ROBINUL
J7643	ROBINUL
J7645	ATROVENT
J7650	BRONKOSOL
J7657	ISUPREL HCL
J7660	ISUPREL HCL
J7670	ALUPENT
J7676	NEBUPENT
J7680	BRETHINE
J7681	BRETHINE
J7683	AZMACORT
J7684	AZMACORT
J7685	TOBREX
J7686	TYVASO
J7699	



J7799  
J7999  
J8498  
J8499  
J8501 EMEND  
J8520 XELODA  
J8521 XELODA  
J8560 VEPESID  
J8562 FLUDARA  
J8565 IRESSA  
J8597  
J8650 CESAMET  
J8655 AKYNZEO  
J8670 VARUBI  
J8700 TEMODAR  
J8705 HYCAMTIN ORAL  
J8999  
J9010 CAMPATH  
J9015 PROLEUKIN  
J9017 TRISENOX  
J9019 ERWINAZE  
J9020 ELSPAR  
J9022 TECENTRIQ  
J9023 BAVENCIO  
J9025 VIDAZA  
J9027 COLAR  
J9032 BELEODAQ  
J9033 TREANDA  
J9034 BENDEKA  
J9035 AVASTIN  
J9039 BLINCYTO  
J9041 VELCADE  
J9042 ADCETRIS  
J9043 JEVDTANA  
J9047 KYPROLIS  
J9055 ERBITUX  
J9070 CYTOXAN  
J9098 DEPOCYT  
J9145 DARZALEX



J9151	DAUNOXOME
J9155	FIRMAGON
J9160	ONTAK
J9165	STILPHOSTROL
J9171	TAXOTERE
J9176	EMPLICITI
J9179	HALAVEN
J9185	FLUDARA
J9201	GEMZAR
J9202	ZOLADEX
J9203	MYLOTARG
J9205	ONIVYDE
J9206	CAMPTOSAR
J9207	IXEMPRA
J9212	INFERGEN
J9213	ROFERON-A
J9214	INTRON A
J9215	ALFERON-N
J9216	ACTIMMUNE
J9217	LUPRON DEPOT
J9218	Leuprolide acetate
J9219	LUPRON DEPOT
J9225	VANTAS
J9226	SUPPRELIN LA
J9228	YEROVY
J9230	MUSTARGEN
J9261	ARRANON
J9262	SYNRIBO
J9263	ELOXATIN
J9264	ABRAXANE
J9265	TAXOL
J9266	ONCASPAR
J9267	TAXOL
J9268	NIPENT
J9270	MITHRACIN
J9271	KEYTRUDA
J9285	LARTRUVO
J9295	PORTRAZZA
J9299	OPDIVO



J9300	MYLOTARG
J9301	GAZYVA
J9302	ARZERRA
J9303	VECTIBIX
J9305	ALIMTA
J9306	PERJETA
J9307	FOLOTYN
J9308	CYRAMZA
J9310	RITUXAN
J9315	ISTODAX
J9320	ZANOSAR
J9325	IMLYGIC
J9328	TEMODAR
J9330	TORISEL
J9340	THIOPLEX
J9351	HYCAMTIN ORAL
J9352	YONDELIS
J9354	KADCYLA
J9355	HERCEPTIN
J9370	ONCOVIN
J9371	MARQIBO
J9390	NAVELBINE
J9395	FASLODEX
J9400	ZALTRAP
J9600	PHOTOFRIN
J9999	
Q0166	KYTRIL
Q0180	ANZAMET
Q0515	GEREF DIAGNOSTIC
Q2017	VUMON
Q2026	RADIESSE
Q2028	SCULPTRA AESTHETIC
Q2043	PROVENGE
Q2049	LIPODOX
Q2050	DOXIL
Q3027	AVONEX
Q3028	REBIF
Q4074	VENTAVIS
Q4081	EPOGEN



Q5101	ZARXIO
Q5102	INFLECTRA
Q5103	INFLECTRA
Q5104	RENFLEXIS
Q5106	RETACRIT
Q5108	FULPHILA
Q5110	NIVESTYM
Q9991	SUBLOCADE
Q9992	SUBLOCADE
Q9993	ZILRETTA
Q9994	RELIZORB
Q9995	HEMLIBRA
S0145	PEGASYS
S0148	PEG INTRON
S0189	TESTOPEL
C9035	Injection, aripiprazole lauroxil (aristada initio), 1 mg
C9036	ONPATTRO
C9037	PERSERIS
C9038	POTELIGEO
C9039	ZEMDRI
J0185	CINVANTI
J0517	FASENRA
J0567	BRINEURA
J0584	CRYSVITA
J0599	HAEGARDA
J1095	DEXYCU
J1301	RADICAVA
J1454	AKYNZEO
J2787	PHOTEXA VISCOUS
J2797	VARUBI
J3245	ILUMYA
J3304	ZILRETTA
J3316	TRELSTAR DEPOT
J3397	MEPSEVII
J3398	LUXTURNNA
J3591	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS
J7170	HEMLIBRA
J7177	FIBRYGA
J7203	REBINYN



J7329	TRIVISC
J7318	DUROLANE
J9044	BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG INJECTION
J9057	ALIQOPA
J9153	VYXEOS
J9173	IMFINZI
J9229	BESPONSA
J9311	RITUXAN HYCELA
J9312	RITUXAN
Q5107	MVASI
Q5109	IXIFI
C9014	BRINEURA
C9015	HAEGARDA
C9016	TRELSTAR DEPOT
C9021	GAZYVA
C9022	VIMIZIM
C9023	AVEED
C9024	VYXEOS
C9025	CYRAMZA
C9026	ENTYVIO
C9027	KEYTRUDA
C9028	BESPONSA
C9029	TREMFYA
C9030	ALIQOPA
C9032	LUXTURNA
C9033	AKYNZEO
C9034	DEXYCU
C9133	RIXUBIS
C9134	TRETEN
C9135	ALPROLIX
C9136	ELOCTATE
C9137	ADYNOVATE
C9138	NUWIQ
C9139	IDELVION
C9140	AFSTYLA
C9250	ARTISS
C9254	VIMPAT
C9257	AVASTIN
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS



C9441	INJECTAFER
C9442	BELEODAQ
C9443	DALVANCE
C9444	ORBACTIV
C9445	RUCONEST
C9446	SIVEXTRO
C9448	AKYNZEO
C9449	BLINCYTO
C9450	RETISERT
C9451	RAPIVAB
C9452	ZERBAXA
C9453	OPDIVO
C9454	SIGNIFOR-LAR
C9455	SYLVANT
C9456	CRESEMBA
C9462	BAXDELA
C9463	CINVANTI
C9464	VARUBI
C9465	EUFLICXXA
C9466	FASENRA
C9467	RITUXAN HYCELA
C9468	REBINYN
C9469	TRIAMCINOLONE ACETONIDE, PF ER, MICROSPHERE FORMULATION, 1 MG INJECTION
C9470	ARISTADA
C9471	EUFLICXXA
C9472	IMLYGIC
C9473	NUCALA
C9474	ONIVYDE
C9475	PORTRAZZA
C9476	DARZALEX
C9477	EMPLICITI
C9478	KANUMA
C9479	CETRAXAL
C9480	YONDELIS
C9481	CINQAIR
C9482	SOTALOL
C9483	TECENTRIQ
C9484	EXONDYS 51
C9485	LARTRUVO



C9486	SUSTOL
C9487	STELARA
C9488	VAPRISOL
C9489	SPINRAZA
C9490	ZINPLAVA
C9491	BAVENCIO
C9492	IMFINZI
C9493	RADICAVA
C9494	OCREVUS
J0129	ORENCIA SQ
C9040	Injection, fremanezumab-vfrm, 1 mg
C9041	Injection, coagulation Factor Xa (recombinant), inactivated (Andexxa), 10 mg
C9042	Injection, bendamustine HCl (Belrapzo), 1 mg
C9043	Injection, levoleucovorin, 1 mg
C9044	Injection, cemiplimab-rwlc, 1 mg
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
C9046	Cocaine hydrochloride nasal solution for topical administration, 1 mg
C9141	Injection, Factor VIII, (antihemophilic factor, recombinant), pegylated-awcl (Jivi), 1 IU
J1628	TREMFYA
J1746	TROGARZO
J2062	ADASUVE
Q5111	UDENYCA