

## State of Iowa Medicaid Enterprise Plan Authorization Requirements

Includes Notification Requirements; Provider Resources; and Operations & Billing Requirements

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Air or Land Ambulance</b>	Prior authorization is required for non-emergent ambulance or air ambulance transport	Prior authorization is required for fixed wing air transport. All others, please check PA Tool.	Authorization Required if non-emergent air ambulance
<b>Audiology Services and Testing</b>	No Authorization Required	No Authorization Required	Authorization not required unless hearing device is listed on the PA overview
<b>Bariatric Surgery</b>	Authorization Required	Authorization Required	Authorization Required
<b>Behavioral Health / Substance Abuse (<i>Specific categories listed below</i>)</b>			
<b>23-Hour Observations</b>	No Authorization Required	Notification Required	No Authorization Required
<b>Applied Behavioral Assessment / Analysis</b>	Authorization Required	Authorization Required	Authorization Required
<b>Assertive Community Treatment</b>	Authorization Required	Authorization Required	Authorization Required
<b>Behavioral Health Inpatient Services</b>	Authorization Required	Authorization Required	Authorization Required
<b>Behavioral Health Outpatient Services</b>	Authorization Required	Authorization Required if code is listed on PA Tool.	No Authorization Required
<b>Community Support Services</b>	Authorization Required	Authorization Required	No Authorization Required

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Behavioral Health / Substance Abuse (Cont.) (Specific categories listed below)</b>			
<b>Crisis Intervention MHSA Services</b>	No Authorization Required	No Authorization Required	No Authorization Required. Crisis Respite requires authorization.
<b>Day Treatment</b>	Authorization Required	Authorization Required	Authorization Required
<b>Electroconvulsive Therapy (ECT)</b>	Authorization Required	Authorization Required	No Authorization Required
<b>Integrated Health Home Participation</b>	Authorization Required	Authorization Required	Providers should submit the enrollment form. Form available on <a href="http://UHCPProvider.com">UHCPProvider.com</a> > <a href="#">Provider Forms and Reference Guides</a> > <a href="#">Health Homes Member Enrollment / Disenrollment Form</a>
<b>Intensive Outpatient (IOP)</b>	Authorization Required	Authorization Required	Authorization Required
<b>Methadone Maintenance</b>	No Authorization Required	No Authorization Required for medication. Please check PA	No Authorization Required
<b>MH/SUD Evaluations and Assessments</b>	No Authorization Required	No Authorization Required	No Authorization Required
<b>MH/SUD Inpatient Admissions</b>	Authorization Required	Authorization Required	Authorization Required
<b>MH/SUD Outpatient Therapy</b>	No Authorization Required	Authorization Required if code is listed on PA Tool.	No Authorization Required
<b>MH/SUD Therapeutic Injections</b>	No Authorization Required	No Authorization Required	Authorization Required if code is listed on PA overview (refer to Provider Resources link below) No Authorization Required for office visits for MH/SUD therapeutic injections.
<b>Mobile Counseling</b>	Authorization Required	Authorization may be required, please verify using PA Tool.	No Authorization Required

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Partial Hospitalization (PHP)</b>	Authorization Required	Authorization Required	Authorization Required
<b>Psychoanalysis</b>	No Authorization Required	No Authorization Required	No Authorization Required
<b>Transcranial Magnetic Stimulation</b>	Not a covered service	Authorization Required	Authorization Required
<b>Biofeedback</b>	Not a covered service	No Authorization Required	No Authorization Required
<b>Bone Growth Stimulator</b>	Authorization Required	Authorization Required	Authorization Required
<b>Breast Reconstruction (Non-Mastectomy)</b>	Authorization Required	Authorization Required	Authorization Required
<b>Cardiology</b>	<p>Authorization may be required depending on service requested:</p> <p>No authorization required for office visits with Cardiologist</p> <p>Authorization is required for echocardiograms</p>	Authorization Required if code is listed on PA Tool.	<p>Authorization Required for: electrophysiology implants, diagnostic catheterizations, and stress echoes. Reference Cardiology CPT Code List and Crosswalk available on <a href="http://UHProvider.com">UHProvider.com</a> &gt; <a href="#">Prior Authorization and Notification &gt; Cardiology Prior Authorization and Notification Program &gt; Community Plan</a></p>
<b>Chiropractic Care</b>	No Authorization Required	Authorization Required	No Authorization required
<b>Circumcision</b>	No Authorization Required at any age	No Authorization Required	No Authorization required
<b>Cochlear and Other Auditory Implants</b>	Authorization Required	Authorization Required	Authorization Required

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Cosmetic, Reconstructive, or Plastic Surgery</b>	Authorization Required	Authorization Required	Authorization Required
<b>Cytogenetic, Reproductive, and Molecular Diagnostic Laboratory Testing</b>	Authorization Required	Authorization Required	No Authorization Required
<b>Drug Testing</b>		Authorization Required if code is listed on PA Tool.	
<b>Durable Medical Equipment – Rental</b>	Authorization Required	Authorization Required if code is listed on PA Tool.	Authorization Required for DME > \$500, if code is listed on Prior Authorization overview
<b>Durable Medical Equipment, Prosthetic Devices, Orthotics, and Medical Supplies</b>	Authorization Required if code is listed on PA overview (refer to PLUTO on Provide Portal)	Authorization Required if code is listed on PA Tool.	Authorization Required for DME > \$500 if code is listed on Prior Authorization overview
<b>Elective Hospital Outpatient Surgery</b>	Authorization Required	Authorization Required	Authorization Required if code is listed on Prior Authorization overview
<b>Elective Inpatient Admissions/Surgeries</b>	Authorization Required	Authorization Required	Admission Notification Required / Authorization Required
<b>Enteral Services (In-home nutritional therapy, either enteral or through a gastrostomy tube)</b>	No Authorization Required	No Authorization Required. Associated DME-authorization required if code is listed on Prior Authorization Tool.	Authorization Required
<b>Experimental or Investigational Services</b>	Authorization Required	Authorization Required	Authorization Required
<b>Femoroacetabular Impingement Syndrome (FAI)</b>	Authorization Required	Authorization Required	Authorization Required
<b>Genetic Testing (Including BRCA)</b>	Authorization Required	Authorization Required	Authorization Required

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Hearing Exams &amp; Hearing Aids</b>	No Authorization Required	Authorization Required if code is listed on Prior Authorization Tool.	No Authorization Required for hearing exam  Authorization required for hearing aids if codes is listed on Prior Authorization overview.
<b>Home- and Community-Based Services (HCBS) / Long Term Services and Supports (LTSS)</b>	Authorization Required	Authorization Required. Please verify using PA Tool.	Authorization Required through Service Plan
<b>Home Health Care</b>	Authorization Required Skilled Nursing Services Occupational Therapy Physical Therapy Speech-Language Pathology Medical Social Services Private Duty Nursing / Personal Care Services Waiver Services Medical Day Services / Child Care Medical Services	Authorization Required	No Authorization Required for: Skilled Nursing Services Home Health Aide Services Occupational Therapy Physical Therapy Speech-Language Pathology Medical Social Services  Authorization Required for: Private Duty Nursing / Personal Care Services Waiver Services (authorized through the member's service plan) Medical Day Services / Child Care Medical Services
<b>Hospice</b>	Notification only	Authorization Required	No Authorization Required
<b>Hyperbaric Oxygen Therapy</b>	Authorization Required	Authorization Required	No Authorization Required

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Hysterectomy</b>	Authorization Required	No authorization required. Sterilization Consent Form must be completed and submitted with claim	No Authorization Required. Consent form is required.
<b>Infusion / Injection Therapy</b>	Authorization Required if code is listed on Prior Authorization overview (refer to PLUTO on Provider Portal)	Authorization Required if code is listed on Prior Authorization Tool.	Authorization Required if code is listed on Prior Authorization overview
<b>Joint Replacement</b>	Authorization Required	Authorization Required	Authorization Required
<b>Non-Emergent ER Services</b>	No Authorization Required	No Authorization Required	No Authorization Required
<b>Orthognathic Surgery</b>	Authorization Required	Authorization Required	Authorization Required
<b>Orthotics and Prosthetics</b>	Authorization Required	Authorization Required	Authorization Required if > \$500, if code is listed on Prior Authorization overview
<b>Pain Management</b>	Authorization Required	Authorization Required	Authorization Required if code is listed on the Prior Authorization overview
<b>Pregnancy Termination</b>	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim	No Authorization Required. Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim
<b>Private Duty Nursing</b>	Authorization Required	Authorization Required	Authorization Required
<b>Proton Beam Therapy</b>	Authorization Required	Authorization Required	Authorization Required
<b>Radiation Therapy Management</b>	No Authorization Required	Authorization Required	No Authorization Required

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Radiology – Advanced Outpatient Imaging: CT Scan, MRI, MRA, PET Scan, DEXA, HIDA Scans, Nuclear Medicine, and Nuclear Cardiology</b>	Authorization Required	Authorization Required if code on Prior Authorization Tool.	Authorization Required if on Prior Authorization overview. Reference Crosswalk Table available on <a href="http://UHCProvider.com">UHCProvider.com</a> > <a href="#">Prior Authorization and Notification</a> > <a href="#">Radiology Prior Authorization and Notification Program</a> > <a href="#">Community Plan</a>
<b>Psychological, Neuropsychological, Developmental</b>	Authorization Required Psychological Testing – No Authorization Required for first 3 hours.	Authorization Required if code on Prior Authorization Tool.	Neuropsychological testing – No Authorization Required  Psychological Testing – No Authorization Required up to 8 hour limit per year
<b>Rehabilitation Facility Admission</b>	Authorization Required	Authorization Required	Authorization Required
<b>Rhinoplasty</b>	Authorization Required	Authorization Required	Authorization Required
<b>Sinusplasty</b>	Authorization Required	Authorization Required	Authorization Required
<b>Skilled Nursing Facility Admissions</b>	Authorization Required	Authorization Required	Admission Notification Required / Prior Authorization Required
<b>Sleep Apnea Procedures and Surgeries</b>	Authorization Required	Authorization Required. Please verify code using PA Tool.	Authorization Required
<b>Sleep Studies</b>	Authorization Required	Authorization Required. Please verify code using PA Tool.	No Authorization Required
<b>Speech, Occupational, and Physical Therapy</b>	Authorization Required	No Authorization Required for initial evaluation. Authorization	No Authorization Required
<b>Spinal Surgery</b>	Authorization Required	Authorization Required	Authorization Required
<b>Spinal Stimulator for Pain Management</b>	Authorization Required	Authorization Required	Authorization Required

<b>Prior Authorization Requirements</b>			
<b>SECTION 1: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Sterilization</b>	Authorization (precertification) not required. Claim payment is dependent on submission of Sterilization Consent Form	Authorization not required. Claim payment is dependent on submission of Sterilization Consent Form	No Authorization Required. Sterilization consent form is required
<b>Transportation (Non-Medical)</b>	Authorization through Service Plan for Waiver	Authorization through Service Plan for Waiver. Please verify code using PA Tool.	Authorization through Service Plan for Waiver
<b>Transplant</b>	Authorization Required	Authorization Required	Authorization Required
<b>Vagus Nerve Stimulation</b>	Authorization Required	Authorization Required	Authorization Required
<b>Vein Stimulation</b>	Authorization Required	Authorization Required. Please verify code using PA Tool.	Authorization Required if code is listed on the Prior Authorization overview
<b>Ventricular Assist Devices (VAD)</b>	Authorization Required	Authorization Required	Authorization Required
<b>Wound Vac</b>	Authorization Required	Authorization Required	Authorization Required
<b>Out-of-Network Services</b>	Authorization Required	Authorization Required	Authorization Required

<b>Notification Requirements</b>			
<b>SECTION 2: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Observation</b>	Notification Required within 24 hours or next business day	Authorization Required	Notification not required, but is preferred
<b>Inpatient Hospital Services</b>	Notification and Authorization Required	Notification and Authorization Required	Admission Notification Required/Prior Authorization Required
<b>Emergent Inpatient Admissions</b>	Notification Required Within 24 Hours or next business day	Notification Required Within 24 Hours	Notification Required Within 24 Hours or by 5 pm the Next Business Day
<b>Maternity Care</b>	Notification required within three days of initial prenatal visit. Completion of Maternity Notification Form is required.	Notification required within three days of initial prenatal visit. Completion of Maternity Notification Form is required	Provide notification of a member's pregnancy status. Please call 888-650-3462 or fax an American College of Gynecology or other initial prenatal visit form to 877-353-6913
<b>Newborn Delivery</b>	Notification Required within 24 hours or next business day delivery. Completion of Newborn Notification of Delivery Form is required	Notification Required within 24 hours of delivery. Sick baby – authorization from date of birth	Provide notification by calling 888-650-3462 or faxing the following information to 866-943-6474: Date of birth, Birth weight, Gender, Delivery type, and gestational age

Provider Resources			
SECTION 3: Service or Category	Amerigroup	Iowa Total Care	UnitedHealthcare
<b>Provider Manuals</b>	<a href="https://providers.amerigroup.com/IA/Pages/ia.aspx">https://providers.amerigroup.com/IA/Pages/ia.aspx</a>	<a href="#">Iowa Total Care Provider Manual</a>	<a href="https://www.uhcprovider.com/en/admin-guides/cp-admin-manuals.html">https://www.uhcprovider.com/en/admin-guides/cp-admin-manuals.html</a> > Iowa
<b>Quick Reference Guide</b>	<a href="https://providers.amerigroup.com/ProviderDocuments/IAIA_QRC.pdf">https://providers.amerigroup.com/ProviderDocuments/IAIA_QRC.pdf</a>	<a href="http://www.iowatotalcare.com/providers">www.iowatotalcare.com/providers</a>	<a href="https://www.uhcprovider.com/content/dam/provider/docs/public/complan/ia/resources/IA-UHCCP-Provider-Quick-Reference-Guide.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/complan/ia/resources/IA-UHCCP-Provider-Quick-Reference-Guide.pdf</a>
<b>Training PowerPoints</b>	<a href="https://providers.amerigroup.com/IA/Pages/ia.aspx">https://providers.amerigroup.com/IA/Pages/ia.aspx</a>	<a href="#">Iowa Total Care Provider Training</a>	<a href="https://www.uhcprovider.com/en/health-plans-by-state/iowa-health-plans/ia-comm-plan-home/ia-cp-training.html">https://www.uhcprovider.com/en/health-plans-by-state/iowa-health-plans/ia-comm-plan-home/ia-cp-training.html</a>
<b>Prior Authorization Review</b>	<a href="https://providers.amerigroup.com/IA/Pages/ia.aspx">https://providers.amerigroup.com/IA/Pages/ia.aspx</a>	<a href="#">Prior Authorization Check Tool</a>	<a href="https://www.uhcprovider.com/en/health-plans-by-state/iowa-health-plans/ia-comm-plan-home/ia-cp-prior-auth.html">https://www.uhcprovider.com/en/health-plans-by-state/iowa-health-plans/ia-comm-plan-home/ia-cp-prior-auth.html</a>

Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	Iowa Total Care	UnitedHealthcare
<b>Web Portal</b>	<a href="http://www.availity.com">www.availity.com</a>	<a href="https://www.iowatotalcare.com/">https://www.iowatotalcare.com/</a>	<a href="http://www.uhcprovider.com/iaprovider">www.uhcprovider.com/iaprovider</a>
<b>Secure Web Portal</b>	<p>Link to initiate first step in accessing it is:  <a href="https://apps.availity.com/availity/web/public.elegant.login?source=MBU">https://apps.availity.com/availity/web/public.elegant.login?source=MBU</a></p> <p>Please note Iowa Providers have a secure provider portal (Availity + PSS) and access the system through <a href="http://www.availity.com">www.availity.com</a> or <a href="https://providers.amerigroup.com/ia">https://providers.amerigroup.com/ia</a>. Providers will need to register through Availity to obtain system access to the secure site</p>	<a href="https://www.iowatotalcare.com/">https://www.iowatotalcare.com/</a>	<a href="http://www.uhcprovider.com/Link">www.uhcprovider.com/Link</a>
<b>Utilization Management – Concurrent Review</b>	Required	Required	Required: Healthy First Steps manages concurrent review for newborn's extended stay. MCG used for concurrent review for other populations

Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	Iowa Total Care	UnitedHealthcare
<b>Transportation (Non-Emergent)</b>	Vendor: LogistiCare (should be scheduled 3 days in advance) 844-544-1389 Reservations 844-544-1390 Ride Assist	Vendor: Access2Care Hours: 7:00AM-6:00PM  To schedule a non-emergency medical transportation trip, please Iowa Total Care Member Services at 833-404-1061	Vendor: MTM, Inc.  To schedule a Non- Emergency Medical Transportation trip, please call MTM at 888-513-1613
<b>OB Billing Requirements</b>	OB services must be billed separately (antepartum, delivery, and post-partum care CPT codes, instead of global OB CPT codes)	OB services must be billed separately	Following OB Billing Requirements as outlined in the IME Maternity Billing Guidelines
<b>Timely Filing</b>	<b>180 days</b> from the date of services or date of Primary Payor's RA	<b>180 days</b> from the date of services or date of Primary Payor's RA	<b>180 days</b> from the date of services or date of Primary Payor's RA
<b>Secondary Payor Timely Filing</b>	<b>180 days</b> from the date of the primary payor's EOP	<b>180 days</b> from the date of the primary payor's EOP	<b>180 days</b> from the date of the primary payor's EOB (per contract)
<b>Corrected Claim Timely Filing</b>	Corrected claims and additional information must be submitted within <b>180 days</b> of the request	<b>180 Days</b> Timely Guidelines	Corrected claims and additional information must be submitted within <b>365 days</b> from the RA.

<p><b>Timely Reconsideration</b></p>	<p>Claim payment appeals based on retrospective medical necessity reviews require all pertinent information must be submitted within 365 days of a claim disposition.</p> <p>Submit requests for claims payment appeals in writing to Amerigroup within 60 days of the date you receive your RA.</p>	<p><b>180 days</b> from claim disposition</p>	<p>Claim Reconsideration must be submitted within <b>365 days</b> from the date of the original RA</p>
<p><b>Timely Formal Appeal</b></p>	<p>Provider disputes must be submitted within 120 days of receipt of Amerigroup's RA</p>	<p>Reconsiderations are accepted in writing within 180 days from the date on the EOP or PRA..</p> <p>Claim payment appeals are accepted in writing within 30 days from the date of determination letter or EOP/PRA resulting from reconsideration action.</p>	<p>Grievances may be filed by the member, or their Authorized Representative, at anytime</p> <p>Pre-service appeals must be submitted by the member, or their Authorized Representative, within 60 days from the initial notice of decision.</p> <p>Post-service claims disputes and appeals must be submitted within 365 days from the RA.</p>

<b>Plan Benefits</b>			
<b>SECTION 5: Service or Category</b>	<b>Amerigroup</b>	<b>Iowa Total Care</b>	<b>UnitedHealthcare</b>
<b>Pharmacy</b>	<p>PBM – ExpressScripts</p> <p>Prescriptions are covered according to the State’s Preferred Drug List (PDL)</p>	<p>PBM – Envolve Pharmacy Solutions</p> <p>Prescriptions are covered according to the State’s Preferred Drug List (PDL)</p>	<p>PBM – OptumRx</p> <p>Prescriptions are covered according to the State’s Preferred Drug List (PDL)</p>
<b>Non-Covered Benefits (Carve Outs)</b>	<p>Dental services outside of a hospital setting remain covered by the Iowa Dental Program.</p> <p>Amerigroup contracts with Superior Vision Care to provide covered routine and emergency vision services.</p> <p>Non-covered services: Cosmetic surgery; experimental or investigational procedures, services that are not medically necessary; sex change surgery or treatments; surgery or drugs to enhance fertility. Non-covered services also include any instance when the precertification for a service was not granted, or the service was provided before precertification was given.</p>	<p>Dental services outside of a hospital setting remain covered by the Iowa Dental Program.</p>	<p>Vision (routine) – Superior Vision</p> <p>Dental – Dental services outside of a hospital setting remain covered by the Iowa Dental Program.</p>