

Utilization Review/Prior Authorization

Phone: 1-800-704-1483 • Fax: 1-866-532-8834
Monday thru Friday 8:00 a.m. to 5:30 p.m.

Case Management

Phone: 1-800-504-8573 • Fax: 1-866-532-8835
Monday thru Friday 8:00 a.m. to 5:30 p.m.

Prior Authorization Requirements

Health Information

Population Health & Clinical Operations (PHCO) team: 1-800-704-1483 – follow the prompts to speak with a nurse.

- 24-hour free health information phone line. The nurse triage service provides access to a broad range of health-related services including health education, urgent pharmacy refills, transportation for treatment, and crisis interventions.

Pharmacy Services

Pharmacy Services (for oral and topical drugs) 1-800-460-8988 1-833-582-2342 FAX CoverMyMeds.com	Peach State Health Plan Pharmacy (for Medical Pharmacy Benefit/Provider Administered Drugs) 1-800-514-0083 opt. 2 1-866-374-1579 Fax
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A Pharmacy Authorization is required for the following:

- Drugs not listed on the Preferred Drug List
- Some PDL drugs which have quantity limits, age limits, or noted PA requirement.
- Duplication of drug therapy
- Dosing that exceeds the FDA daily or monthly quantity maximum
- Most self-injectable and infusion drugs
- Brand name request when a generic exists.
- Drug that has a step edit and the first line therapy is inappropriate.

Notification

Submit notifications of expected members within 30 days of the first prenatal visit at: www.mmis.georgia.gov.

Hospital Notification of Healthy Newborns Only

Please submit newborn delivery notifications on the Department of Community Health Centralized Prior Authorization Portal (www.mmis.georgia.gov). Hospitals are not required to fax or call into the plan information regarding the delivery when the patient is initially admitted for delivery. The following information is required once the delivery is complete to review the claim for reimbursement approval:

- Member Name and Medicaid Number (mother)
- Newborn Name (Note: In the event, a name has not been selected for the Newborn at the time of discharge, please submit with the Newborn's gender: Baby Boy or Baby Girl and Last Name, ex. Baby Boy Smith) and Medicaid Number
- Facility Name, Physician Name
- Admit date, delivery date, type of delivery.
- Gender, weight, and Apgar score of the Newborn, and gestational age of the newborn

Newborns that are not discharged home with the mother (admitted to NICU, Special Care Nursery, etc.) require admission notification by the next business day.

PLEASE NOTE: Failure to obtain the required prior approval/pre-certification from Peach State Health Plan will result in a denied claim. This guide is not intended to be an all-inclusive list of covered services, but it substantially provides current referral and prior authorization instructions. All services/procedures are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines. The Plan will retrospectively review services which do not require prior authorization to ensure quality of care.

Effective: January 2024

Contracted Networks

For authorizations and customer service related to services provided by contracted networks, please contact the following:

- **Dental:** Envolve Dental **1-844-464-5632**
 - Website: <https://pwp.envolvedental.com>
- **Vision:** Envolve Vision **1-800-531-2818** (Routine vision checks, glasses, and contacts)
 - Website:
<https://visionbenefits.envolvehealth.com/logon.aspx>
- **Evolent (formerly New Century / NIA (National Imaging Association))**
 - **Oncology Quality Management:** Chemotherapy and Radiation Oncology used for cancer treatments; Phone: **1-888-999-7713, opt. 2 or 1-800-704-1483**
 - Web Portal: <https://my.newcenturyhealth.com>
 - Website: www.radmd.com

Hospital Notification of Observations

Outpatient observation stays will not require notification. Outpatient observations stays over 48 hours will require retrospective medical record review for payment consideration.

Labor Check

Labor Checks do not require notification or prior authorization, but OB observations are applicable to notification of observation rule.

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- Submit notification of inpatient hospital admissions with clinical information, by next business day of the admission at: www.mmis.georgia.gov.
- You may also call 1-800-704-1483 to request outpatient authorizations for urgent and time sensitive services when warranted by the patient's condition. Please include CPT and ICD-10 codes and place of service codes with your authorization request.

Routine/Elective Requests: Submit the request for authorization a minimum of 5 business days prior to initiating the service or procedure.

Utilization Management

Prior Authorization Required

Prior Authorization Requirements are located on the Peach State Health Plan's online "Pre-Auth Check."

<https://www.pshpgeorgia.com/providers/preauth-check/medicaid-pre-auth.html>

www.mmis.georgia.gov

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Note that the Place of Service (POS) is required for all services.

<https://www.pshpgeorgia.com/providers.html>

Department of Community Health Centralized

Prior Authorization Portal: The following services to be submitted using the mmis.georgia.gov

Inpatient Services

- All planned admissions (acute, rehab, SNF, LTAC)
- Non-emergent Transfers
- Elective C -Sections for deliveries less than 39 weeks of gestational age

Outpatient Services

- Refer to online Pre-Auth Check.
- Laboratory Tests – Reproductive, Genetic and Molecular
- New technology and experimental procedures or treatment
- Occupational, Physical and Speech
- (except initial evaluation)
- Pain Management Program

No Authorization Required

Emergency Transportation

- Emergent transportation services including Air, Water, and Ground All air transport is subject to retrospective medical necessity review. The medical records from the releasing facility are required with claims submission.

Urgent Care

- Urgent or emergent care services rendered in emergency rooms and urgent care centers.

Primary Care

- Primary care provider office visits and minor procedures. Including EPSDT (Early & Periodic) Screening Diagnostics Treatment Health Check
- Certain diagnostic tests and procedures that are considered by the health plan to be routinely part of an office visit.

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- Inpatient Hospital Admissions and Outpatient Hospital or Ambulatory Surgical Center Procedures
- Durable Medical Equipment
- Children’s Intervention Services
- Newborn Deliveries
- Hearing aid services
- Orthotics and Prosthetics
- Outpatient Behavioral Health Services (excluding Psychological Testing, Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP))

Fax Inpatient: 1-844-263-1379

Fax Outpatient: 1-844-870-5064

All services by non-participating providers or facilities require authorization (all POS).

Fax your request to the number listed above utilizing the prior authorization fax form.
<https://www.pshpgeorgia.com/providers/resources/prior-authorization.html>

- Non-Emergent transportation including Air; Water; and Ground.
- Cosmetic/Plastic Surgery Procedures (conditional)
- Provider administered medications are included on the Pre-Auth Check tool located on the website: www.pshp.com

Ancillary Services

Hearing aids and devices

Maternity/OB

- Annual wellness exam, including pap-smear.
- Labor checks
- OB Ultrasounds / Biophysical Profile (BPP)

Specialists

- Dermatology
- Ophthalmology

Laboratory

- Routine Laboratory tests consistent with CLIA guidelines (participating and non-participating)

Place of Service Codes (POS)	
10 - Telehealth	31 - Skilled Nursing Facility
11 - Office	32 -Nursing Facility
19 - Off Campus-Outpatient Hospital	50 - FQHC
20 - Urgent Care Facility	61 - Inpatient Rehab
21 - Inpatient Hospital	62 - Outpatient Rehab
22 - On Campus-Outpatient Hospital	65 - ESRD
23 - Emergency Room	71 - Public Health Clinic
24 - Ambulatory Surgery Center	72 - Rural Health Clinic
	81 - Laboratory

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