

Provider Reference Guide

Your network management representative: _____

Phone number: _____ Fax number: _____

Bright Start® (Maternity Management)	1-888-913-0327 Fax: 1-888-877-5925
17P, NICU Concurrent Review.	
Behavioral Health	1-888-922-0007
Credentialing	1-888-913-0349 Fax: 1-225-300-9199
Dental Benefits	
Children younger than 21 years (MCNA, core dental benefit manager for LDH) 1-855-701-6262	
Ages 21 and over (DINA Dental, the plan's enhanced dental benefit manager) ... 1-877-587-9331	
EDI Technical Support Hotline	1-866-428-7419
Change Healthcare	
Electronic data interchange (EDI) and electronic remittance advice (ERA)..... 1-877-363-3666	
Electronic funds transfer (EFT)..... 1-866-506-2830	
Language Interpretation Service	1-888-756-0004
Medical Necessity Appeals (Pre-Service)	1-888-913-0362 Fax: 1-888-987-5830
Member Services (24/7)	1-888-756-0004 Fax: 1-866-397-4521
Non-Emergency Medical Transportation (Southeastrans Inc.)	
Member and Provider Transportation Line 1-888-913-0364	
NaviNet®	1-888-482-8057 www.navinet.net
Provider portal — care gaps, claim status, panel rosters, member eligibility.	
Nurse Call Line for members (24/7)	1-888-632-0009
Pharmacy (PerformRx)	www.amerihhealthcaritasla.com/pharmacy
Provider Services..... 1-800-684-5502 Fax: 1-855-452-9131	
Member Services..... 1-866-452-1040	
Member Services TTY..... 1-855-294-7047	

Provider Network Management	1-877-588-2248 Fax: 1-225-300-9126
Provider Services	1-888-922-0007 Fax: 1-866-426-7393
Rapid Response	1-888-643-0005
Care coordination, case management, EPSDT, member outreach, referrals and appointment scheduling, transportation assistance.	
Utilization Management (Prior Authorization)	
Pharmacy (PerformRx)..... 1-800-684-5502	
Radiology (National Imaging Associates, NIA) 1-800-424-4897	
All other (medical/DME authorizations, inpatient/outpatient reviews, discharge planning) 1-888-913-0350 Fax: 1-866-397-4522	
Vision Benefits (VSP)	1-800-877-7195 www.vsp.com
Claims Processing (paper)	
AmeriHealth Caritas Louisiana Claims Processing P. O. Box 7322 London, KY 40742 *Timely Filing Limit — 365 days	
Provider Claim Disputes	
AmeriHealth Caritas Louisiana Provider Disputes P. O. Box 7323 London, KY 40742	
Member Medical Necessity Appeals	
AmeriHealth Caritas Louisiana Member Appeals Coordinator P. O. Box 7328 London, KY 40742	

Other Helpful Contacts

Healthy Louisiana Member Enrollment	1-855-229-6848
	TTY: 1-855-526-3346
	www.healthy.la.gov
Louisiana Early Steps Program (administered by OCDD).....	1-225-342-0095
	ldh.louisiana.gov/index.cfm/page/139
Louisiana tobacco cessation hotline	1-800-QUIT-NOW (1-800-784-8669)
Louisiana Medicaid	www.lamedicaid.com

Services Requiring Prior Authorization

The following services require prior authorization review for medical necessity and place of service. For more details about prior authorization requirements, see the AmeriHealth Caritas Louisiana Provider Handbook.

- All out-of-network services (except emergency room services and services for newly enrolled members for continuity of care).
- Air ambulance.
- Abortions.
- Inpatient services:
 - All inpatient hospital admissions, including medical, surgical, and rehabilitation.
 - Obstetrical admissions/newborn deliveries exceeding 72 hours after vaginal delivery and 120 hours after caesarean section.
 - Inpatient medical detoxification.
 - Elective transfers for inpatient 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.
 - Enteral feedings, including related DME.
- Hospice services.
- HPV immunizations for members finishing the series at age 27.
- Therapy and related services:
 - Speech therapy, occupational therapy, and physical therapy at a freestanding facility (private office) require prior authorization at first visit (only covered for members under 21).
 - Hospital-based speech, occupational, and physical therapy — after 12 annual visits.
 - Chiropractic care.
 - Cardiac rehabilitation.
- Transplants, including transplant evaluations.
- All DME rentals.
- DME custom orthotics and prosthetics.
- All wheelchair parts.
- DME for billed charges \$750 and over:
 - Diapers/pull-ups (ages 4 through 20) who qualify for:
 - Quantities over 200 per month for either or both.
 - Brand-specific diapers.

Services Requiring Prior Authorization (continued)

- Hyperbaric oxygen.
- Implants (over \$750).
- Medications: Prior authorization requirements are based on the medication's HCPCS.
- Cochlear implantation (covered for members under 21).
- Gastric bypass/vertical band gastroplasty.
- Surgical services that may be considered cosmetic, including:
 - Blepharoplasty.
 - Mastectomy for gynecomastia.
 - Mastopexy.
 - 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.
 - Nuclear cardiac imaging.

- All unlisted and miscellaneous codes.

* Hysterectomies, sterilization services, and abortions require a completed Member Consent form that can be found at www.amerihealthcaritasla.com.

** Prior authorization for CT scans, MRIs/MRAs and nuclear cardiology services are required for outpatient services only.

Please note: the review of prior authorization requests for non-emergent, advanced, outpatient imaging services is provided by National Imaging Associates, Inc. (NIA); those requests must be directed to NIA at **1-800-424-4897**. The ordering physician is responsible for obtaining a prior authorization number for the study requested. Patient symptoms, past clinical history and prior treatment information will be requested and should be available at the time of the call. (Outpatient studies ordered after normal business hours or on weekends should be conducted by the ordering facility as requested by the ordering physician. However, the ordering physician must contact UM within 48 hours or the next business day to obtain proper authorization for the studies, which will be subject to medical necessity review.) Emergency room, observation care and inpatient imaging procedures do not require prior authorization.

