

To: AmeriHealth Caritas Louisiana Providers

Date: August 30, 2021

Subject: Prior Authorization Submission Tip Sheet

Summary: Use the tips below to help ensure timely and accurate processing of your prior authorization requests.

Effective September 1, 2021, AmeriHealth Caritas Louisiana will introduce automation in our faxed prior authorization process through Optimal Character Recognition technology.

Please note: This authorization form cannot be used for drug-related HCPCS codes, self-administered drugs, or provider-administered drugs. For drug-related authorizations, please use the [Louisiana Uniform Prescription Drug Prior Authorization Form](#), or contact PerformRx by calling 1-800-684-5502.

AmeriHealth Caritas Louisiana encourages all providers to submit prior authorization requests via Jiva for optimal processing. You can access Jiva through our [NaviNet](#) Plan Central page.

For those times when you need to submit a prior authorization request via fax, please follow the tips below. Adopting these practices will help ensure your requests are processed quickly and accurately.

- **Be sure you are using the most recent version of the AmeriHealth Caritas Louisiana prior authorization form.** The prior authorization form has been updated for use with the new OCR technology. The updated form can be found online at <https://www.amerihealthcaritasla.com/provider/resources/forms/index.aspx>.
- **Please type and do not hand write the information.** Handwriting requests can lead to unnecessary delays in processing.
- If you must fill out the form by hand, please print neatly with adequate spacing between letters. **Do not use cursive.**
- **Keep information within the assigned borders of the form.** Don't overlap values into multiple fields, or extend values beyond the end-border of a field as this could result in delayed processing.
- **Submit only one member prior authorization request per fax.** If more than one member is submitted in a single fax request, the request will be returned unprocessed.

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Missed an alert?

You can find a complete listing of provider alerts on the [Provider Newsletters and Updates](#) page of our website.

Where can I find more information on COVID-19?

AmeriHealth Caritas Louisiana has updated its website to streamline communications and important notifications about COVID-19. Please visit <http://amerihealthcaritasla.com/covid-19> for up-to-date information for both providers and members, including frequently asked questions, and important provider alerts from AmeriHealth Caritas Louisiana and the Louisiana Department of Health.



Louisiana

Please type this document to ensure accuracy and to expedite processing.

All fields must be completed for the request to be processed.

Please make a selection where applicable throughout the document.

DATE			
TYPE OF REQUEST	<input type="checkbox"/> URGENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> RETROSPECTIVE
TREATMENT SETTING	<input type="checkbox"/> INPATIENT	<input type="checkbox"/> OUTPATIENT	
REQUEST TYPE	<input type="checkbox"/> EXTENSION	<input type="checkbox"/> INITIAL	<input type="checkbox"/> CANCEL
	<input type="checkbox"/> ADDITIONAL CLINICAL	<input type="checkbox"/> DISCHARGE PLANNING	<input type="checkbox"/> CHANGES DOS/SETTING <input type="checkbox"/> OTHER
PREVIOUS AUTHORIZATION NUMBER			
CONTACT NAME			
CONTACT PHONE		CONTACT FAX	

MEMBER INFORMATION

LAST NAME		
FIRST NAME		
MEMBER ID (MEDICAID ID OR HEALTH PLAN ID)		
MEMBER PHONE NUMBER		DATE OF BIRTH
MEMBER STREET ADDRESS		
CITY	STATE	ZIP



PROVIDER INFORMATION

PROVIDER NAME		
PROVIDER TIN	PROVIDER NPI	
PROVIDER PHONE NUMBER	PROVIDER FAX NUMBER	
PROVIDER STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS <u> </u> PAR <u> </u> NON PAR <u> </u> IN CREDENTIALING		
FACILITY NAME		
FACILITY TIN	FACILITY NPI	
FACILITY PHONE NUMBER	FACILITY FAX NUMBER	
FACILITY STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS <u> </u> PAR <u> </u> NON PAR <u> </u> IN CREDENTIALING		

REFERRING PHYSICIAN NAME (IF DIFFERENT FROM ABOVE)		
REFERRING PHYSICIAN TIN		
REFERRING PHYSICIAN NPI		
REFERRING PHYSICIAN PHONE NUMBER		
REFERRING PHYSICIAN FAX NUMBER		
REFERRING PHYSICIAN STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS <u> </u> PAR <u> </u> NON PAR <u> </u> IN CREDENTIALING		



MEDICAL SECTION

DIAGNOSIS CODE

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PROCEDURE CODE	START DATE	END DATE	NUMBER OF UNITS	CODE DESCRIPTION



MEDICAL SECTION

NOTES

PLEASE FAX TO **1-866-397-4522**

IN ORDER TO PROCESS YOUR REQUEST IN A TIMELY MANNER, PLEASE SUBMIT ANY PERTINENT CLINICAL INFORMATION TO SUPPORT THE REQUEST FOR SERVICES. IF AN OUT OF NETWORK PROVIDER IS BEING UTILIZED, PLEASE SUBMIT DOCUMENTATION TO SUBSTANTIATE THE USE OF AN OUT OF NETWORK PROVIDER AS WELL. PLEASE CONTACT AMERIHEALTH CARITAS' UTILIZATION MANAGEMENT DEPARTMENT AT 1-888-913-0350 FOR QUESTIONS.

URGENT MEDICAL CONDITION: ANY ILLNESS, INJURY, OR SEVERE CONDITION WHICH, UNDER REASONABLE STANDARDS OF MEDICAL PRACTICE, WOULD BE DIAGNOSED AND TREATED WITHIN A 24-HOUR PERIOD AND, IF LEFT UNTREATED, COULD RAPIDLY BECOME A CRISIS OR EMERGENCY MEDICAL CONDITION. THE TERM ALSO INCLUDES SITUATIONS WHERE A PERSON'S DISCHARGE FROM A HOSPITAL WILL BE DELAYED UNTIL SERVICES ARE APPROVED OR A PERSON'S ABILITY TO AVOID HOSPITALIZATION DEPENDS UPON PROMPT APPROVAL OF SERVICES.



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