# How to Secure Prior Authorization



#### **Prior-Auth Check Tool**

Use the Prior-Auth Check Tool on the website to quickly determine if a service or procedure requires prior authorization.

# carolinacompletehealth.com/priorauthtool



Scan QR code for quick access to Prior-Auth

#### **Submit Prior Authorization**

If a service requires authorization, submit via one of the following ways:



# **SECURE WEB PORTAL**

# provider.carolinacompletehealth.com

This is the preferred and fastest method.

Notification of authorization will be returned via phone, fax, or web.



#### **FAX**

1-833-238-7694



#### **PHONE**

1-833-552-3876

See reverse side for a list of services that require prior authorization.

#### Please note:

- All out-of-network services require prior authorization EXCEPT emergency services, family planning, post stabilization services, and table top x-rays.
- Failure to complete the required authorization or certification may result in a denied claim.

# Prior Authorization Guide

# **Out-of-Network Services**

All out-of-network (non-par) services and providers require prior authorization, excluding emergency services, family planning, post stabilization services, and table top x-rays.

#### SERVICES THAT REQUIRE PRIOR AUTHORIZATION INCLUDE BUT ARE NOT LIMITED TO:

## **Ancillary Services**

- · Air Ambulance Transport (non-emergent fixed wing
- airplane)
- DME purchases costing \$500 or more or rental of \$250 or more
- Home healthcare services including home hospice,
- home infusion, skilled nursing, personal care services, and therapy
- Orthotics/Prosthetics billed with an "L" code costing \$500 or more or rental of \$250 or more
- Hearing Aid devices including cochlear implants
- Genetic Testing

# **Procedures/Services**

- All procedures and services performed by out-ofnetwork providers (except ER, urgent care, family planning, and treatment of communicable disease)
- Potentially Cosmetic including but not limited to:
  - bariatric surgery, blepharoplasty, mammoplasty, otoplasty, rhinoplasty, septoplasty, varicose vein procedures
- Experimental or investigational
- High Tech Imaging (i.e. CT, MRI, PET)
- Hysterectomy
- Oral Surgery
- Pain Management

## **Inpatient Services**

- All elective/scheduled admissions at least 14 business days prior to the scheduled date of admit (including deliveries) **Note:** Normal newborns do not require an authorizationunless the level of care changes or the length of stay is greater than normal newborn
- All services performed in out of network facility
- Hospice care
- Rehabilitation facilities
- Skilled nursing facility
- Transplant related support services including pre-surgery assessment and post-transplant follow up care
- Notification for all Urgent/Emergent Admissions:
  - Within one (1) business day following date of Admission Newborn Deliveries must include birth outcomes



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