How to Secure Prior Authorization

carolina complete health™
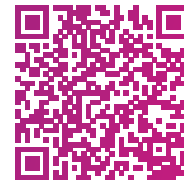
Prior-Auth Check Tool

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 Check Tool

Submit Prior Authorization

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

ELECTRONIC SUBMISSION METHODS
Secure Provider Portal or **Availity Essentials**

These are the preferred and fastest methods.

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.

1-833-552-3876
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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)
- 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-of-network 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

NOTE: A prior authorization is required if a member needs services over the benefit limit outlined in the Clinical Coverage Policy

TO SUBMIT A PRIOR AUTHORIZATION, LOG INTO OUR SECURE WEB PORTAL

provider.carolinacompletehealth.com