



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.

Submit Prior Authorization

Emergency services, family planning, post stabilization services, and table top x-rays do not require prior authorization. If a service requires authorization, submit via one of the following ways:



SECURE WEB PORTAL

CarolinaCompleteHealth.com

This is the preferred and fastest method.

Notification of authorization will be returned 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-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 5 business days prior to the scheduled date of admit (including deliveries)
Note: Normal newborns do not require an authorization unless 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



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

carolinacompletehealth.com
