

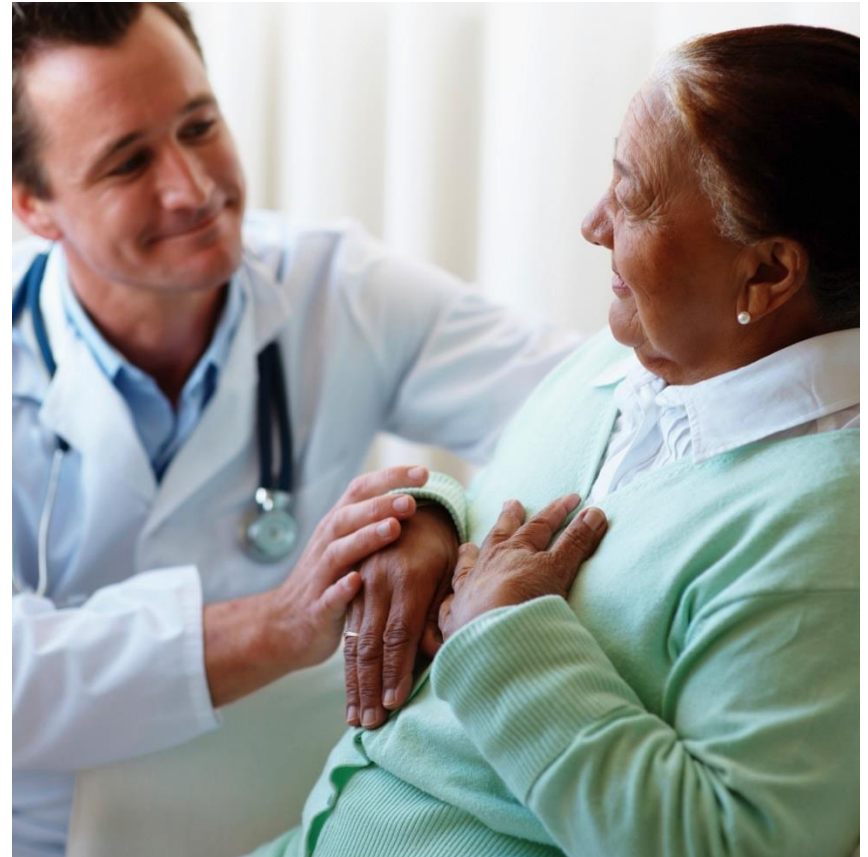
Prior Authorizations/Organizational Determinations



Prior Authorizations — Benefits of Using Prior Authorizations

Prior authorization:

- Ensures the patient receives the right care for the right condition.
- Helps identify members who may not be engaged in the Care Management process.
- Provides a better picture for the Interdisciplinary Care Team, enabling them to develop comprehensive care plans.



Prior Authorizations — Where to Submit Organization Determination Requests

To submit a request for an organization determination, use:

- NaviNet
- Prior Authorization Line:
1-866-263-9011
- Fax: 1-866-263-9036



Prior Authorizations — NaviNet Portal to Prior Authorization Management



Home | Help | Contact Support

Workflows ▾

AmeriHealth Caritas VIP Plans

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Claim Submission
- Report Inquiry
- Provider Directory
- Referral Submission
- Referral Inquiry
- Pre-Authorization Management Forms



**Pre-authorization
management
portal**

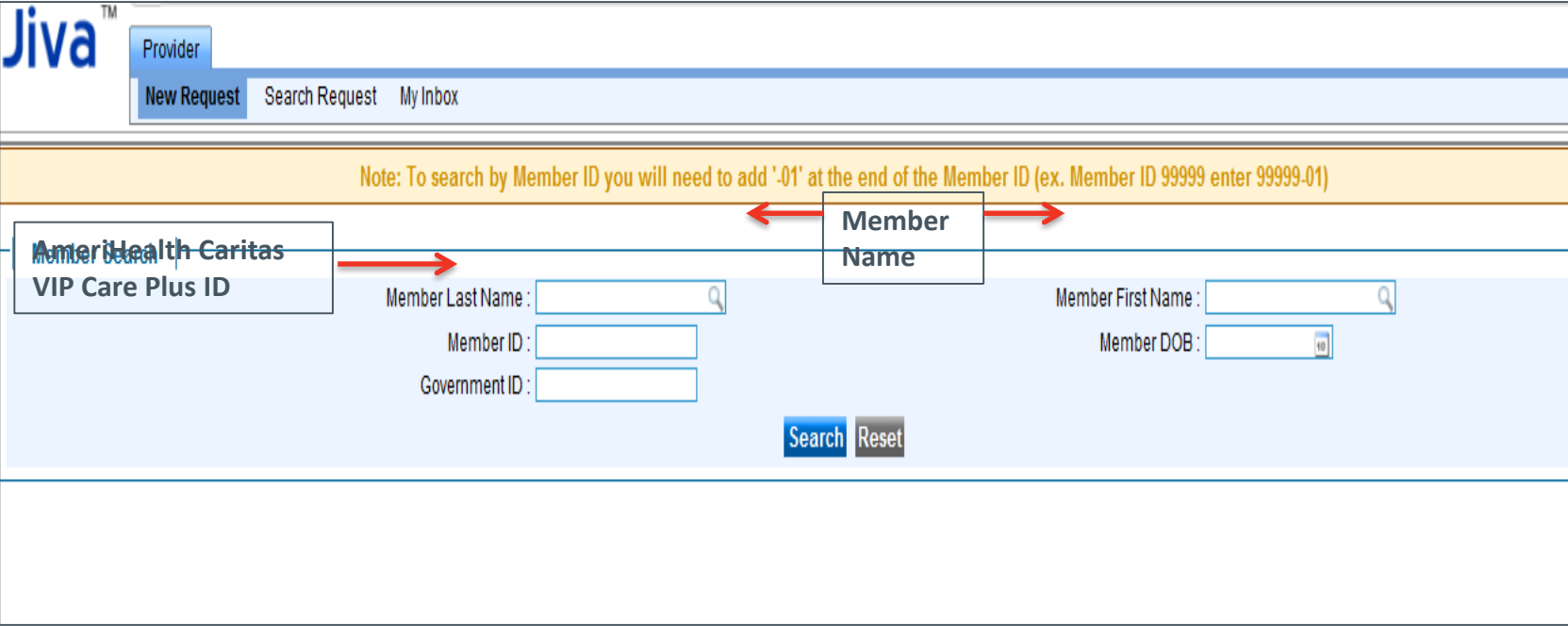


Welcome to NaviNet

This easy-to-use portal will provide you with the latest plan updates and other pertinent information that will enable you to provide the best care possible to our members. You can search our provider directories, view prior authorization criteria, download forms, and more.

Prior Authorizations — Jiva Member Search Page

You will be linked to the AmeriHealth Caritas VIP Care Plus authorization system called Jiva to enter the authorization request:



Prior Authorizations — Jiva Request Type

The screenshot shows the Jiva 5 web application interface. At the top, there is a navigation bar with the Jiva logo and a menu with options: Provider, New Request, Search Request, and My Inbox. A note above the search area states: "Note: To search by Member ID you will need to add '.01' at the end of the Member ID (ex. Member ID 99999 enter 99999.01)".

The search form includes the following fields:

- Member Last Name:
- Member First Name:
- Member ID:
- Member DOB:
- Government ID:

Buttons for "Search" and "Reset" are located below the search fields.

The "Member Search Results" section displays a table with the following data:

Jiva Member ID	Member Name	Member DOB	Member ID	Gender	Effective Date	Termination Date	Group Name	Action
500000123	John Doe	01/01/1982	5400	Male	01/01/1932		AmeriHealth Caritas VIP Care Plus	Add New Request ▼ Behavioral Health Inpatient Behavioral Health Outpatient Inpatient Outpatient

At the bottom of the page, the version is "Ver: 5.2.5a (R14)", the page number is "1", and it is "Powered by Jiva".

Prior Authorizations — Jiva Episode Details

Jiva™ Help Legends Dashboard Memory List User: artenstein, alan

Provider
New Request Search Request My Inbox

Demographics

Member Name: John Doe
DC test one, alex
Member ID: 50000123
DOB: 01/01/1982
Gender: Male
Product Type: HMO(Health Maintenance Organization)
Effective Date: 06/01/2013
Termination Date:
Group: AmeriHealth Caritas VIP Care Plus

Episode Details

* **Episode Type:** Inpatient
* **Referral Source:** Emergency
* **Episode Class:** Admission
Time Request: 48 Hours
Do you Have Clinical Info?: Yes No
* **Urgency:** Standard
* **Reason for Request:** Elective
Alternate Contact Phone/Fax:

Diagnosis

Code Type: ICD9
* **Diagnosis:**

Add

Primary	Diagnosis Code Type	Diagnosis	Actions
★	ICD9	234--Carcinoma in situ of other and unspecified sites,	

Next **Cancel**

All information in **Red** is required for a valid Prior Authorization request.

Prior Authorizations — Jiva Favorite Diagnosis

“Favorite” Diagnosis

The screenshot displays the Jiva web application interface. A red arrow points to the 'Favorite' button in the top navigation bar. The main content area shows a table titled 'Favorite Diagnosis' with the following data:

Code Type	Diagnosis Code	Description	Action
ICD9	111.9	Dermatomycosis, unspecified	[Icons]
ICD9	250.12	Diabetes mellitus with ketoacidosis, type II or unspecified type, uncontrolled	[Icons]
ICD9	250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	[Icons]
ICD9	250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	[Icons]
ICD9	100	Leptospirosis	[Icons]
ICD9	100.9	Leptospirosis, unspecified	[Icons]
ICD9	432	Other and unspecified intracranial hemorrhage	[Icons]
ICD9	245	Thyroiditis	[Icons]
ICD9	111.1	Tinea nigra	[Icons]

At the bottom of the page, there is a search bar for diagnosis codes with a dropdown menu set to 'ICD9'. Below the search bar is an 'Add' button. The page footer includes 'Ver: 5.2.5a (R14)', a page number '1', and 'Powered by Jiva'.

Prior Authorizations — Jiva Searchable Diagnosis

Diagnosis Code Search Form





i For a defined search please enter the first 3 letters of diagnosis in the 'Description' field.

Diagnosis Code Type: 





Diagnosis Code:

Description:

Search Results

Diagnosis Code Type	Diagnosis Code	Description	Action
ICD9	234	Carcinoma in situ of other and unspecified sites	
ICD9	234.0	Carcinoma in situ of eye	
ICD9	234.8	Carcinoma in situ of other specified sites	
ICD9	234.9	Carcinoma in situ, site unspecified	

Selected Diagnosis List

Diagnosis Code Type	Diagnosis Code	Description	Action
ICD9	234.9	Carcinoma in situ, site unspecified	 
ICD9	234.8	Carcinoma in situ of other specified sites	 

Prior Authorizations — Jiva Provider Information and Procedure/Treatment

(Note: This is a Test Site. Data entered here will not be migrated to Production. -)

Jiva™

Provider

New Request Search Request My Inbox

Submit Request Delete Request Episode ID: 987694055

Demographics

Member Name: John Doe Member ID: 50000123 DOB: 01/01/1982

Gender: Male Product Type: HMO(Health Maintenance Organization) Effective Date: 06/01/2013 Termination Date:

Group: AmeriHealth Caritas VIP Care Plus

Episode Details

Episode Type: Inpatient Referral Source: Emergency Edit

Episode Class: Admission Urgency: Standard Time Request: 24 Hours

Reason For Request: Court Mandated Alternative Contact Phone/Fax: Do you have Clinical Info: Yes

Diagnosis

Code Type: -- Select One -- * Diagnosis: Add

Primary	Diagnosis Code Type	Diagnosis
*	ICD9	234--Carcinoma in situ of other and unspecified sites

Providers

* Treating: MERCY FITZGERALD HOSPITAL Attach

no providers attached to this episode

* Attending: no providers attached to this episode

Other provider: no providers attached to this episode

Add Stay Request

* Treatment Setting: --Select One-- * Treatment Type: --Select One--

* LOS Requested #: 0 * Admit Date: [calendar icon]

Requested Level Of Care: --Select One-- Save

Service Request

Assessment

Episode Notes

Documents

Disclaimer

The case reference number you will receive is for identification purposes only. Authorization is based on medical necessity; is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment. You must call back and confirm member eligibility and benefit availability 24 hours prior to the scheduled service.

Submit Request Delete Request View Abstract

Treatment Setting

Treating Provider

Treatment Type

Prior Authorizations — Jiva Assessments and Clinical Information

* Treatment Setting:
* Treatment Type:
Code Type: CPT
Time Frame: Per Day
Time Period: 00
Start Date:

* Service:
Units/Visits: 1
Requested #: 1
End Date:

Add

Assessment

New, In Progress, Care Plan Creation, Completed

Assessments Summary | Title: -- Select --

List of Assessments

Assessment Status	Assessment Type	Assessment Date	Completed By	Acuity	Score	PRA Score	Completed(%)	Action
No records found.								

<< first < prev next > last >>

Episode Notes

Add Notes

Documents

Episode View

no documents.

Add Document

Disclaimer

The case reference number you will receive is for identification purposes only. Authorization is based on medical necessity, is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment. You must call back and confirm member eligibility and benefit availability 24 hours prior to the scheduled service.

Add Assessments

Must Upload Clinical Documentation for request to valid

Prior Authorizations — Jiva Procedure Search

The screenshot displays a web application window titled "Service Code Search". It features a search form with the following fields: "Type of Code" (set to CPT), "Code" (set to 2345), "Description", "Start Date", and "End Date". Below the form, a message states: "For a defined search please enter the first 3 letters of diagnosis in the 'Description' field." There are "Search Codes" and "Reset" buttons. The "Service Code Search Results" section contains a table with two rows of results. The table has columns for Code, Type, Description, and Action. The first row shows code 23450 for "Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation". The second row shows code 23455 for "Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)". Each result has a plus icon and a heart icon in the Action column. A "Close" button is located below the table. The browser's address bar shows "Internet | Protected Mode: On" and the zoom level is set to 100%.

Search Favorite

Service Code Search

Type of Code : CPT
Code : 2345
Description :
Start Date :
End Date :

For a defined search please enter the first 3 letters of diagnosis in the 'Description' field.

Search Codes **Reset**





































Service Code Search Results

Code	Type	Description	Action
23450	CPT	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	
23455	CPT	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	

Close

Internet | Protected Mode: On 100%

Prior Authorizations — Jiva Procedure Codes “Favorites”

Search		Favorite	
Favorite Services			
Code	Type	Description	Action
25040	CPT	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	 
25066	CPT	Biopsy, soft tissue of forearm and/or wrist, deep (subfascial or intramuscular)	 
25065	CPT	Biopsy, soft tissue of forearm and/or wrist, superficial	 
90287	CPT	Botulinum antitoxin, equine, any route	 
25023	CPT	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment, with debridement of nonviable muscle and/or nerve	 
25020	CPT	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment, without debridement of nonviable muscle and/or nerve	 
25075	CPT	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	 
25031	CPT	Incision and drainage, forearm and/or wrist; bursa	 
25028	CPT	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	 
25035	CPT	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	 
25000	CPT	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	 
22220	CPT	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment, cervical	 
22224	CPT	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment, lumbar	 
22222	CPT	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment, thoracic	 
22210	CPT	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, cervical	 
22216	CPT	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, each additional vertebral segment (List separately in addition to primary procedure)	 
22214	CPT	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, lumbar	 
22212	CPT	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, thoracic	 

Prior Authorizations - Time Frames

- AmeriHealth Caritas VIP Care Plus has up to fourteen (14) calendar days to complete a standard request for prior authorization and notify the provider of the organization determination.
- AmeriHealth Caritas VIP Care Plus has seventy-two (72) hours to complete an expedited request.
- Once an authorization is processed, the AmeriHealth Caritas VIP Care Plus provider will receive a phone call and a fax alerting him or her to the organization determination.
- Providers may only request a peer-to-peer review during initial outreach by the Clinical Care Reviewer notifying the provider that the request is not meeting for medical necessity and will be pended to the Medical Director for determination. The peer to peer must occur before the decision is rendered.



Prior Authorizations - Organization Determination Process

- If the request is partially or fully denied, the member receives an Integrated Denial Notice from AmeriHealth Caritas VIP Care Plus , alerting the member of his or her appeal rights. Providers will also receive this notice for informational purposes.
- Refer to chapters five (5) and six (6) of the AmeriHealth Caritas VIP Care Plus Provider Manual or the Provider section on the AmeriHealth Caritas VIP Care Plus website for more information.
- Please note - Providers may NOT use the Advanced Beneficiary Notice of Non-coverage (ABN) Form CMS-R-131 with Medicare Advantage plans.



Notice of Denial

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

Notice of Denial of Medical [Coverage/Payment]

Date:

Member number:

Name:

Service Subject to Notice:

Type of Service: *[Medicare-only, Medicaid-only, both Medicare and Medicaid]*

Date of Service:

Provider Name:

Your request was denied

We've *[denied, stopped, reduced, suspended]* the *[payment of]* medical services/items listed below requested by you or your provider:

Why did we deny your request?

We *[denied, stopped, reduced, suspended]* the *[payment of]* medical services/items listed above because *[Provide specific rationale for decision and include State or Federal law and/or Evidence of Coverage provisions to support decision]:*

You have the right to appeal our decision

Partial List of Services that Require Prior Authorization and/or Organization Determination*

- Elective/non-emergent air ambulance transportation
- All out-of-network services (except emergency services)
- Inpatient services
- Certain outpatient diagnostic tests
- Home health services
- Therapy and related services
- Transplants (including transplant evaluations)
- Certain durable medical equipment (DME)
- Surgery and some surgical services
- Religious nonmedical health care institutions
- Hyperbaric oxygen
- Gastric bypass or vertical band gastroplasty
- Hysterectomy
- Pain management
- Radiology outpatient services:
 - CT scan
 - PET scan
 - MRI
- **For services not typically covered under Medicare, providers must still request an organization determination.**
- ***Exceptions apply. For a full list of services that require prior authorizations, please refer to the Provider Manual or call Care Management.**

Services that do NOT require Prior Authorization

- Emergency Services
- Women's Health Specialist Services (to provide women's routine and preventive health care services)
- Low-level plain films – i.e. x-rays, etc.
- EKGs
- Post Stabilization Services (in-network and out-of-network)
- Imaging procedures related to emergency room services, observation care and inpatient care
- Laboratory services
- Ultrasounds
- Non Emergent Medically Necessary Ambulance transportation to or from a Medicare/Medicaid covered facility



Members, their authorized representative, including providers, may file appeals with AmeriHealth Caritas VIP Care Plus:

- Initial appeals must be filed with AmeriHealth Caritas VIP Care Plus.
- Next level appeals for Medicare A and B only benefits will be reviewed by the Medicare Independent Review Entity (IRE) and are filed automatically.
- Next level appeals for Medicaid only benefits will be reviewed through the Michigan Administrative Hearings System (MAHS) and/or a request for an External Review with the Michigan Department of Insurance and Financial Services (DIFS) and must be initiated by the member.
- Next level appeals for benefits that overlap will automatically go to the IRE and the member may also submit to MAHS and/or External Review with DIFS.

Member Appeal Time Frames

Appeals must be initiated within:

- 12 days of the date of the denial notice or before the service is stopped / reduced, whichever is later in order for services to continue while the case is being reviewed.
- 60 calendar days from the date of the denial notice.
- 120/127 calendar days from the date of the 1st level appeal denial notice for MAHS/DIFS appeal requests.

Appeals must be resolved within:

- 30 calendar days for standard appeals with AmeriHealth Caritas VIP Care Plus.
- Independent Review Entity (IRE) appeals follow existing Medicare appeal time frames.
- 90/14-21 calendar days for MAHS/DIFS.
- 72 Hours for all expedited appeals.

Member Grievances

Members also have the right to file grievances with AmeriHealth Caritas VIP Care Plus regarding any area of dissatisfaction they have with the Plan or provider. Such as:

- Provider office staff rudeness
- Customer Service hold time was too long
- Their prescription brand is not covered under the formulary
- Quality of care concerns

AmeriHealth Caritas VIP Care Plus has 30 calendar days to research and respond to these grievances which can either be found unsubstantiated or substantiated. If found to be substantiated, education to the provider's office or internal staff may occur.





AmeriHealth *Caritas*[™]

VIP Care Plus