



nh healthy families™

Medical Services Quick Reference Guide

Provider Information for Medical Services

Phone: (866) 769-3085 • www.NHhealthyfamilies.com

Prior Authorizations

For requests, call: 866-769-3085

Or, fax requests to:

Medical – 866-270-8027

MH/SA – 877-694-3649

PT/ST/OT – 877-658-0322

Inpatient Admissions

Fax clinical information to:

Admissions – 877-291-3140

Concurrent Review – 877-295-7682

High Tech Imaging - MR/CT/PET NIA

www.radmd.com

Vision Services: Envolve Vision

Phone: 800-531-2818 Fax: 877-865-1077

Non-Emergency Medical Transportation:

MTM, Call: 888-597-1192

TurningPoint

Phone: 855-909-6222 Fax: 603-836-8903

Musculoskeletal Surgical Services

Secure Website available 24/7 at:

www.NHhealthyfamilies.com

- Obtain listing of NH Healthy Families Health Plan patients, their benefits, eligibility, other insurance & PCP
- Find a Network Provider
- Billing Questions
- Submit claims, check claim status, payment history and EOPs
- Submit and view authorizations
- View patient Health Record
- And much more....

These procedures and services require PRIOR AUTHORIZATION

This list is not all inclusive. Visit our website and use the Pre Screen Tool or call our Authorization department with questions. Failure to obtain the required prior approval or pre certification may result in a denied claim(s). All services are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

All Out of Network (Non-Par) services require prior authorization, excluding emergency room and family planning

Procedures/Services

- ✓ All procedures and services performed by **out-of-network** providers (except ER, urgent care and family planning)
- ✓ Potentially **cosmetic: See reverse side**
- ✓ Bariatric surgery
- ✓ Experimental or Investigational
- ✓ High Tech Imaging (i.e. CT, MRI, PET)- NIA
- ✓ Obstetrical Ultrasound –two allowed in 9 month period, any additional will require PA except those rendered by perinatologists.
For urgent/emergent ultrasounds, treat using best clinical judgment and it will be reviewed retrospectively.
- ✓ Pain management
- ✓ Musculoskeletal Surgical Services- **Turning Point**
- ✓ Oncology Supportive drugs
- ✓ Podiatry services - Limited to 4 visits per fiscal year (July 1 -June 30)
- ✓ Dialysis-Out of Network
- ✓ Home and Birthing Center Births

Inpatient Authorization

- ✓ All services performed in Out-of Network facility
- ✓ Hospice care
- ✓ Rehabilitation facilities
- ✓ Transplants, including evaluation
- ✓ Observation Stays > 24 hours We do not require PAR OBS authorizations, regardless of length of stay

Urgent/ Emergent Admissions:

- ✓ Notification needs to be within 1 calendar day following date of admission
- ✓ Newborn Deliveries must include birth outcomes

Ancillary Services

- ✓ Air Ambulance Transport (non-emergent fixed wing airplane)
- ✓ DME purchases – Please use our Prior Authorization Prescreen Tool
- ✓ Home health care services including, home infusion, skilled nursing, and therapy
 - Home Health Services
 - Private Duty Nursing
 - Hospice
 - Furnished Medical Supplies & DME
- ✓ Orthotics/Prosthetics billed with an “L” code - Please use our Prior Authorization Prescreen Tool
- ✓ Therapy (after initial evaluation)
 - Occupational
 - Physical
 - Speech
- ✓ Hearing Aid devices including cochlear implants
- ✓ Genetic Testing
- ✓ Quantitative Urine Drug Screen

Prior Authorization (PA) may be submitted by website, fax or phone, After normal business hours and on holidays, calls are directed to NurseWise, New Hampshire Health Family’s 24 hour nurse advice line. Notification of authorization decision will be returned by website, fax or phone.

NH Healthy Families is underwritten by Granite State Health Plan, Inc.

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Abortions

Covered for medical necessity only. Must submit consent form with the claim submission.

Dental Services

NH Healthy Families does not cover dental services. The services are managed through NH Medicaid. For questions about your dental benefits, contact the NH Medicaid Customer Service Center. Refer to Section 2.8 (How to contact the NH DHHS Customer Service Center) for contact information and refer to Section 4.4 (NH Medicaid benefits covered outside the plan). Fluoride varnish services are covered by the plan for some members. Refer to Fluoride varnish in the Benefits Chart.

Emergency Room Care

Available 24/7. No prior authorization is required for urgent or emergent care. Members may access the closest emergency room regardless of facility network status.

Laboratory Services

Must use in-network provider for all lab services. National lab vendors include LabCorp and Quest. Other network lab providers can be found on our website under Find a Provider.

Medical Necessity Review

NH Healthy Families requires medical necessity reviews to be conducted for prior authorization and concurrent review. Interqual (IQ) criteria is used to determine medical necessity for most services.

Notification of Pregnancy (NOP)

Providers must submit an NOP form at the time of the first prenatal visit. Forms may be faxed or submitted on our website. All pregnant members are enrolled in our Start Smart for Your Baby[®] program.

Out-of-Network Providers

Any requests for Out-of-Network services require prior authorization review. Members should be directed to in-network providers unless otherwise approved by NH Healthy Families.

Pain Management

Prior authorization (PA) is required for injections related to pain management treatment. Documentation required for initial PA includes history of condition, symptoms, treatments attempted prior to injection, imaging reports and including the percentage of improvement. PA requests for additional injections require notes documenting progress since previous injections.

Pharmacy Benefit

We administer the pharmacy benefit in accordance with the New Hampshire DHHS PDL. For step therapy and prior authorization protocols including those for authorization of specialty injectable please refer to the Pharmacy Benefit page of the NH Healthy Families website.

Contact Pharmacy Services for medication prior authorization at 877-250-5227. You may also utilize the Pharmacy Services Medication Prior Authorization Form on the website and fax the form to 833-645-2738.

Hysterectomy or Sterilizations

The appropriate consent form must be submitted with the claim for this procedure. The surgeon is ultimately responsible for obtaining the required written informed consent. Failure to comply with any of the requirements will result in denial of all claims associated with the procedure. Sterilization is any procedure performed with the primary purpose of rendering a male or female permanently incapable of reproducing.

Potentially Cosmetic

Including but not limited to: blepharoplasty, mammoplasty, otoplasty, rhinoplasty, septoplasty, varicose vein procedures, reconstructive or plastic surgery and Orthognathic surgery. For a comprehensive list of codes requiring authorization see our online code look up tool at <https://www.nhhealthyfamilies.com/providers/preauth-check/medicaid-pre-auth.html>

Transportation

Non-emergent transportation is covered for NH Healthy Families members. Certain limits apply. MTM Medical Transportation Management provides transportation services for NH Healthy Families.

To request transportation, or to enroll in the Family and Friends Transportation Reimbursement Program, members should contact 888-597-1192.

Therapies

Prior authorization is not required for most OP services for in network providers, notable exceptions being psych testing, neurological testing, ECT and TMS. Unless outlier issues are extant, such as no available PAR provider in the area or specific issues with social determinants of health for which a certain provider has expertise, OON providers will be asked to credential with NH Healthy Families or steer the member in network. If the provider is requesting services for outlier reasons, PA will be required. The provider will then need to submit supportive documentation including the physician order for treatment and plan of care along with the outpatient treatment request form found under the forms section on the NH Healthy Families website. Authorization is provided for a specified number of visits and within a specified date span.

Fax your PA request to Centene Advanced Behavioral Health for home and outpatient based therapies at 866-694-3649. If you have any questions, call 866-535-6974

Vision

Must use Envolve Vision network providers which can be found on our website using Find a Provider tool. Prior authorization is required for blepharoplasty procedures (CPT codes 15822, 15823, 67900, 67904 and 67908). Must submit completed PA Form with supporting clinical documentation including original photos by mail to:

Envolve Vision P.O.Box 7548, 1151 Falls Road, Suite 2000
Rocky Mount, NC 27804

Phone- 800-531-2818

Fax- 877-865-1077

**Email-EnrollAdvancedCaseUnit@EnvolveHealth.com
<https://www.envolvevision.com/>**