



# Medical Services Quick Reference Guide

## Provider Information for Medical Services

Phone: (866) 769-3085

[www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

### 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**

#### 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](http://www.radmd.com)

#### Vision Services: Total Vision

#### Non-Emergency Medical Transportation: Access2Care

Call: 866-769-3085

#### Secure Website available 24/7 at:

[www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

- Obtain listing of New Hampshire Family 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.....

#### 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)
- ✓ 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
- ✓ Podiatry services - Limited to 4 visits per fiscal year (July 1 -June 30)
- ✓ Dialysis
- ✓ Home and Birthing Center Births

#### Inpatient Authorization

- ✓ **All elective/scheduled admission notifications required at least 5 business days prior** to the scheduled date of admit including:
- ✓ All services performed in out-of network facility
- ✓ Hospice care
- ✓ Rehabilitation facilities
- ✓ Skilled nursing facilities
- ✓ Transplants, including evaluation

Observation Stays exceeding 24 hours require Inpatient Authorization.

#### Urgent/ Emergent Admissions:

- ✓ Within **1 business 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.  
**New Hampshire 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.

## Behavioral Health/Substance Abuse

**Must use Cenpatico®.** (866) 769-3085.

## Dental Services

Dental services paid for by the health plan are limited to dental varnish by certified primary care providers and pediatricians who conduct oral exams. (Members ages 6-36 months, no more than twice a year). All other claims for dental services should be directed to the member's NH Medicaid Coverage.

## 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

New Hampshire Healthy Families requires prior authorization and concurrent review in order to conduct medical necessity review. InterQual criteria are 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

Members should be directed to in-network providers unless otherwise approved by New Hampshire 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. 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 biopharmaceuticals and other specialty injectables please refer to the Pharmacy Benefit page of the website. **Contact US Script® for medication prior authorization at (866) 769-3085. You may also utilize the US Script Medication Prior Authorization Form on the website and fax the form to (866) 399-0929 or mail to US Script PA Department, 2425 West Shaw Avenue, Fresno, CA 93711.**

## 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 <http://www.NHhealthyfamilies.com/providers/prior-authorization/prior-auth-needed/>

## Transportation

Non-emergent transportation is covered for members and children to access covered medical services. Certain limits apply. Access2care provides transportation services for New Hampshire Healthy Families. Call (866) 769-3085.

## Therapies

Prior authorization is not required for the initial evaluation by an in-network provider. PA is required for continuation of services. Must submit supportive documentation including the physician order for treatment and plan of care. Authorization is provided for a specified number of visits and within a specified date span. **Fax your PA request to Cenpatico STRS for home and outpatient based therapies at (877) 658-0322. If you have any questions, call (866) 769-3085.**

## Vision

Must use Total Vision network providers which can be found on our website using Find a Provider. 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 Total Vision, PO Box 7548, Rocky Mount, NC 27804. Contact Total Vision at (866) 769-3085.