

September 2024 updates to AmeriHealth Caritas New Hampshire Provider Manual

Page # (current)	Section	ACNH 2024 Provider Manual Change
2	cover	updating date of publishing
98-100	Utilization Management: Prior authorization Policy and Procedure	Change Prior authorization policy and procedure order/numbers 5-14.
99	Utilization Management: Prior authorization Policy and Procedure	Added line to #2: Prior authorizations must be submitted within one (1) business day.
99	Utilization Management: Prior authorization Policy and Procedure	Update to #5: Changed to 60 calendar days from 90 calendar days. Also removed: or until completion of a medical necessity review, or whatever comes first. Replaced with: after the member's effective date or until the member's PCP or behavioral health provider (as applicable to medical care or behavioral health care services, respectively) reviews the member's treatment plan, whichever comes first New language: For members new to AmeriHealth Caritas New Hampshire, we will cover a member's medical or behavioral health condition that is currently being treated or a prior authorization has been issued for 60 calendar days after the member's effective date or until the member's PCP or behavioral health provider (as applicable to medical care or behavioral health care services, respectively) reviews the member's treatment plan, whichever comes first.
99	Utilization Management: Prior authorization Policy and Procedure	Added #6. If the member is pregnant and in her first trimester at the time of enrollment we will cover her through the end of her first trimester. If a member is pregnant and in her second or third trimester at the time of enrollment we will cover her through the duration of their pregnancy and postpartum care period (60 days of postpartum care).

<p>100 - 101</p>	<p>Utilization Management: Services Requiring Prior Authorization</p>	<p>Updated the following list of bullets. Added bullets “In the case of a medical emergency” and “Audiology”:</p> <ul style="list-style-type: none"> • In the case of a medical emergency (“medical emergency” means to encompass significant health risks namely those circumstances in which a pregnant women’s life or a major bodily function is threatened). Prior authorization from the plan is not required for services provided by a network provider. • Air ambulance services. • All out-of-network services (with exception of services listed under Services that Do Not Require Prior Authorization). • All unlisted miscellaneous and manually priced codes (including, but not limited to, codes ending in “99”). • Audiology <ul style="list-style-type: none"> o Hearing aid evaluation or hearing aid consultations are limited to 1 service every 2 years for age 21 and over since the last date of service and as needed for members under age 21. o Hearing Aids: Prior authorization is required if over \$750 for members under age 21. For members over age 21, prior authorization is required regardless of cost.
<p>101</p>	<p>Utilization Management: Services Requiring Prior Authorization</p>	<p>Updated Bullets:</p> <ul style="list-style-type: none"> • Medicaid-covered abortions. <ul style="list-style-type: none"> o Abortion services: <ul style="list-style-type: none"> • ACNH covers abortion services only as follows: • Prior to 24 weeks of gestation: • If the pregnancy is the result of rape or incest; or • In the case of a woman who has a physical disorder, physical injury, or physical illness (including a life-endangering physical condition caused by or arising from the pregnancy itself) that would, as certified by a physician, endanger the life of the woman unless an abortion is performed. At or after 24 weeks of gestation. • Medical Pharmacy which include Medical Oncology <p>Durable Medical Equipment (DME)</p> <ul style="list-style-type: none"> • Diapers/pull-up diapers (age 3 and older) for amounts over 300 per month. • Select Enteral nutritional supplements.*

101	Utilization Management: Services Requiring Prior Authorization	<p>One bullet point added: Psychological testing and neuropsychological testing. *</p> <p>One Bullet Point updated: Genetic testing/Molecular Labs.</p>
103	Utilization Management: Services Requiring Prior Authorization	<p>Under “Home based Services”</p> <p>Updated PT/OT/ST combined visits from 18 to 20:</p> <ul style="list-style-type: none"> • Therapy (physical, occupational, and speech therapy) after 20 combined visits, regardless of modality, per fiscal year. • Skilled nursing after 18 visits, per fiscal year.
103	Utilization Management: Services Requiring Prior Authorization	<p>Under “Outpatient therapy (physical, occupational, or speech)”</p> <p>Updated 12 visits per modality to 20 visits per modality:</p> <p>Prior authorization is required after the 20th visit per modality, per fiscal year (7/1 to 6/30) and not per provider; benefit limit for members ages 21 and older is 20 visits per modality per fiscal year. To help ensure you do not receive a denial for services because of failure to request prior authorization beginning with the 21st visit, we encourage you to notify us of the first 20 visits so we can track them in our system.</p>
104	Utilization Management: Services Requiring Prior Authorization	<p>Under “Advanced Outpatient imaging services”</p> <p>Name changed from National Imaging Associates Inc. (NIA) to Evolent</p>
97	Utilization Management	Action changed to determination
102	Utilization Management: Services Requiring Prior Authorization	<p>Update Bullets:</p> <p>Old language: Inpatient</p> <ul style="list-style-type: none"> • All inpatient hospital admissions, including medical, surgical, skilled nursing, long term acute, and rehabilitation. • Behavioral health. <p>New language: Inpatient</p> <p>All inpatient hospital admissions, including medical, surgical, skilled nursing, long- term acute, and rehabilitation.</p> <p>Providers will be asked to notify AmeriHealth Caritas New Hampshire within one business day of admission.</p> <p>Behavioral health.</p>

		<ul style="list-style-type: none"> Inpatient psychiatric treatment at New Hampshire Hospital and other State determined IMDs for mental illness, conduct authorization for services as follows: <ul style="list-style-type: none"> For a Member’s initial admission, an automatic five (5) business days (excluding holidays) shall be authorized for the Member’s initial involuntary emergency psychiatric admission to an IMD facility. Reauthorization of the Member’s continuous admission shall be rendered promptly within 24 hours of the request for reauthorization of the initial involuntary emergency psychiatric admission.
103	Utilization Management: Services Requiring Prior Authorization	<p>Update Bullets:</p> <p>Select Surgical Services</p> <ul style="list-style-type: none"> Knee joint Surgery Spinal Surgeries <p>*NOTE: Specific authorization requirements per code can be found at:https://www.amerihhealthcaritasnh.com/provider/resources/prior-authorization-lookup.aspx</p> <p>Delegated Services</p>
104	Utilization Management: Services Requiring Prior Authorization	<p>The following information has been added:</p> <p>DentaQuest (select dental services)</p> <p>PerformRX: Select prescription medications Contact PerformRx</p> <ul style="list-style-type: none"> Medicaid State Plan services and/or pharmaceutical Prior authorizations, including those for specialty drugs, in place at the time a Member transitions to an MCO shall be honored for ninety (90) calendar days or until completion of a medical necessity review, whichever comes first.
105	Utilization management: Services that Do Not Require Prior Authorization	<p>Bullets Added:</p> <ul style="list-style-type: none"> Substance Use Disorder services including Peer Support Services. Skilled Nursing visits: allowance for up to six (6) per benefit period.
105	Utilization Management: Services that Require Notification	<p>Bullets Added:</p> <ul style="list-style-type: none"> For certain behavioral health services, notification is required: Crisis Intervention: Notification required within 2 business days post service. American Society of Addiction Medicine (ASAM) Levels of Care: Notification is required at time of admission. <ul style="list-style-type: none"> Level 1- Withdrawal Management: Ambulatory Withdrawal Management Without Extended On-Site Monitoring. Level 2- Withdrawal Management: Ambulatory Withdrawal Management With Extended On-Site Monitoring.

		<ul style="list-style-type: none"> ○ Level 2.1- SUD Intensive Outpatient Services. ○ Level 2.5- SUD Partial Hospitalization Services. ○ Level 3.1- Clinically Managed Low-Intensity Residential Services. ○ Level 3.2- WM: Clinically Managed Residential Withdrawal Management ○ Level 3.3- Clinically Managed Population-Specific High-Intensity Residential Services. ○ Level 3.5- Clinically Managed High-Intensity Residential Services. ○ Level 3.7- Medically Monitored Intensive Inpatient Services. ○ Level 4- Medically Managed Intensive Inpatient Services. ○ ACNH BH UM will provide an initial two-week authorization for SUD PHP ○ SUD PHP providers will need to request additional time for services beyond the initial two-week authorization. <ul style="list-style-type: none"> ● Court-ordered Treatment Services: <ul style="list-style-type: none"> ○ ACNH pays for all New Hampshire Medicaid State Plan services, delivered at an appropriate level of care, to include assessment and diagnostic evaluations for its members as ordered by any court within the State. <p>ACNH does not impose any prior authorization requirements for medication assisted treatment (MAT) urine drug screenings (UDS) unless a provider exceeds 30 UDS per month per treated member. ACNH will impose prior authorization requirements in the event a provider exceeds 30 UDS per month per treated member.</p>
105	Utilization Management: Services that require notification	<p>Bullets replaced: (see above additions)</p> <p>For certain behavioral health services, notification is required:</p> <ul style="list-style-type: none"> ● Crisis Intervention: Notification required within 2 business days post service. ● American Society of Addiction Medicine (ASAM) Levels of Care: Notification is required at time of admission. <ul style="list-style-type: none"> ○ Level 1- Withdrawal Management: Ambulatory Withdrawal Management Without Extended On-Site Monitoring. ○ Level 2- Withdrawal Management: Ambulatory Withdrawal Management With Extended On-Site Monitoring. ○ Level 2.1- SUD Intensive Outpatient Services. ○ Level 2.5- SUD Partial Hospitalization Services. ○ Level 3.1- Clinically Managed Low-Intensity Residential Services. ○ Level 3.2- WM: Clinically Managed Residential Withdrawal Management. ○ Level 3.3- Clinically Managed Population-Specific High-Intensity Residential Services.

		<ul style="list-style-type: none"> ○ Level 3.5- Clinically Managed High-Intensity Residential Services. ○ Level 3.7- Medically Monitored Intensive Inpatient Services. ○ Level 4- Medically Managed Intensive Inpatient Services.
109	Utilization Management: Urgent Determination and Continued/Extended Services Decision Turnaround Time	<p>Bullets Added:</p> <ul style="list-style-type: none"> ● New Hampshire Department of Health and Human Services ● New Hampshire Medicaid Provider Manuals ● InterQual[®] Adult Criteria (Condition Specific – Responder, Partial Responder, Non-responder). ● InterQual[®] Pediatric Criteria (Condition Specific – Responder, Partial Responder, Non-responder). ● InterQual[®] Outpatient Rehabilitation and Chiropractic Criteria. ● InterQual[®] Home Care Criteria. <p>InterQual[®] Procedures.</p> <ul style="list-style-type: none"> ● e InterQual[®] DME Criteria. ● InterQual[®] Long-Term Acute Care (LTAC) Criteria ● InterQual[®] Rehabilitation (Acute Rehab) Criteria ● InterQual[®] Subacute/SNF Criteria ● InterQual[©] Criteria for Behavioral Health Adult and Geriatric Psychiatry Criteria ● InterQual[©] Criteria for Behavioral Health Child and Adolescent Psychiatry Criteria ● InterQual[©] Criteria for Behavioral Health Residential and Community Based Treatment ● American Society of Addiction Medicine (ASAM) Patient Placement Criteria (ASAM Admission Guidelines) ● InterQual[©] Behavioral Health Substance Use Disorders ● American Society of Addiction Medicine (ASAM) Patient Placement Criteria (ASAM Admission Guidelines) ● American Society of Addiction Medicine (ASAM) Level of Care Adolescent Guidelines ● Corporate Clinical Policies ● Evolent Radiology Guidelines ● Other program-specific criteria as based upon program requirements.
117	State Fair Hearings	<p>Change in dialed extension number to 14292: Members can request a State fair hearing by calling the NH DHHS Administrative Appeals Unit at 1-603-271-4292 or 1-800-852-3345 extension 14292</p>
145	Electronic Claims	<p>Added the following two bullets:</p> <ul style="list-style-type: none"> ○ For those interested in electronic claim filing, please contact

Submission -
EDI

your EDI software vendor, **Availity Client Service at 1-800-282-4548**, or Change Healthcare's Provider Support Line at 1-877-363-3666 for more information.

...and...

- Contact your EDI software vendor, **Availity Client Service at 1-800-282-4548**, or Change Healthcare at 1-877-363-3666 to inform them you wish to initiate electronic claim submissions to AmeriHealth Caritas New Hampshire.