

Authorization submission for hearing aids, orthotics and prosthetics

Summary of update: As of July 1, 2018, precertification submission for hearing aids, orthotics and prosthetics now must be submitted through the Alliant Georgia Medical Care Foundation (GMCF) website at <https://mmis.georgia.gov>.

Review the Precertification Lookup Tool prior to submission to determine if precertification is required. All out-of-network providers will require precertification. The Precertification Lookup Tool can be found by visiting <https://providers.amerigroup.com/GA>, selecting **Quick Tools** and choosing **Precertification Lookup Tool**.

Providers must follow the requirements below:

- Service requests must be submitted by the servicing provider with all supporting documentation on the GMCF website. If the PCP is requesting a hearing aid, orthotic or prosthetic, please indicate the services needed. Attach all supporting documentation so that Amerigroup Community Care may locate the appropriate vendor for the services requested.
- Supporting clinical information for review must be attached to the authorization on the portal. Faxed or telephonic clinical information will no longer be accepted for medical necessity review.
- Reconsiderations may be submitted on the GMCF portal within two business days of denial notification. You may also submit an appeal as indicated in the *Adverse Benefit Determination* letter within 60 days of the denial notification.

Why is this change necessary?

The state contract requires that we review all requests within three business days for standard requests and 24 hours for expedited requests. Expedited requests are contractually defined as any services where following the standard time frame could seriously jeopardize the member's life or health so that an expedited authorization determination is made within 24 hours. Clinical information to support the need for an expedited request as defined by the contract must be submitted as part of the authorization request.

What is the impact of this change?

Impacts of this change include the following:

- Failure to follow this process could result in a higher denial rate due to failure to precertify or provide clinical information.
- Electronic tracking of requests is improved.
- Peer-to-peer and reconsideration requests are improved.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.