

Clinical Coverage Policy Reference Tool

State Of North Carolina

Department of Health and Human Services

Division of Health Benefits

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Contents

About Our Clinical Coverage Policy Reference Tool	8
Practitioners/Clinics (Physician Clinical Coverage Policies)	9
1A-2, Preventive Medicine Annual Health Assessment.....	9
1A-3, Noninvasive Pulse Oximetry.....	9
1A-4, Cochlear and Auditory Brainstem Implants	10
1A-5, Child Medical Evaluation and Medical Team Conference for Child Maltreatment.....	11
1A-6, Invasive Electrical Bone Growth Stimulation	11
1A-7, Neonatal and Pediatric Critical and Intensive Care Services.....	12
1A-8, Hyperbaric Oxygenation Therapy.....	13
1A-9, Blepharoplasty/Blepharoptosis (Eyelid Repair).....	13
1A-11, Extracorporeal Shock Wave Lithotripsy	14
1A-12, Breast Surgeries.....	15
1A-13, Ocular Photodynamic Therapy	15
1A-14, Surgery for Ambiguous Genitalia	16
1A-15, Surgery for Clinically Severe or Morbid Obesity	16
1A-16, Surgery of the Lingual Frenulum	17
1A-17, Stereotactic Pallidotomy	17
1A-19, Transcranial Doppler Studies.....	18
1A-20, Sleep Studies and Polysomnography Services	19
1A-21, Endovascular Repair of Aortic Aneurysm	19
1A-22, Medically Necessary Circumcision	20
1A-23, Physician Fluoride Varnish Services.....	20
1A-24, Diabetes Outpatient Self-Management Education	21
1A-25, Spinal Cord Stimulation	22
1A-26, Deep Brain Stimulation.....	22
1A-27, Electrodiagnostic Studies	23
1A-28, Visual Evoked Potential (VEP).....	23
1A-30, Spinal Surgeries	24
1A-31, Wireless Capsule Endoscopy	25
1A-32, Tympanometry and Acoustic Reflex Testing.....	25
1A-33, Vagus Nerve Stimulation for the Treatment of Seizures.....	26
1A-34, Dialysis Services.....	26
1A-36, Implantable Bone Conduction Hearing Aids (BAHA).....	27
1A-38, Special Services: After Hours.....	27



1A-39, Routine Costs in Clinical Trial Services for Life Threatening Conditions	28
1A-40, Fecal Microbiota Transplantation	28
1A-41, Office-Based Opioid Treatment: Use of Buprenorphine and Buprenorphine-Naloxone	29
1A-42, Balloon Ostial Dilation	29
1B, Physician's Drug Program	30
Podiatry	30
1C-1, Podiatry Services	30
1C-2, Medically Necessary Routine Foot Care	31
Rural Health Clinics, FQHCs, and Health Departments	31
1D-1, Refugee Health Assessments Provided in Health Departments	31
1D-2, Sexually Transmitted Disease Treatment Provided in Health Departments	32
1D-3, Tuberculosis Control and Treatment Provided in Health Departments	32
1D-4, Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics	33
Obstetrics and Gynecology	33
1E-1, Hysterectomy	33
1E-2 Therapeutic and Non-therapeutic Abortions	34
1E-3 Sterilization Procedures	35
1E-4, Fetal Surveillance	35
1E-5, Obstetrics	36
1E-6, Pregnancy Medical Home	36
1E-7 Family Planning Services	37
Chiropractic	37
1F, Chiropractic Services	37
Burn Treatments	38
1G-1, Burn Treatment	38
1G-2, Skin Substitutes	39
Telemedicine and Telepsychiatry	39
1H, Telehealth, Virtual Communications, and Remote Patient Monitoring	39
Dietary Evaluation and Counseling	40
1-I, Dietary Evaluation and Counseling and Medical Lactation Services	40
Radiology	40
1K-1, Breast Imaging	40
1K-2, Bone Mass Measurement	41
1K-6, Radiation Oncology	42
1K-7, Prior Approval for Imaging Services	42



Anesthesia.....	43
1L-1, Anesthesia Services.....	43
1L-2, Moderate (Conscious) Sedation, AKA Procedural Sedation and Analgesia (PSA).....	44
Maternal Support Services (Baby Love).....	44
1M-2, Childbirth Education.....	44
1M-3, Health and Behavior Intervention.....	45
1M-4, Home Visit for Newborn Care and Assessment	45
1M-5, Home Visit for Postnatal Assessment and Follow-up Care	46
1M-6, Maternal Care Skilled Nurse Home Visit	46
Allergies.....	47
1N-1, Allergy Testing.....	47
1N-2, Allergy Immunotherapy	47
1O-1, Reconstructive and Cosmetic Surgery	48
1O-2, Craniofacial Surgery	48
1O-3, Keloid Excision and Scar Revision.....	49
1O-5, Rhinoplasty and/or Septorhinoplasty	50
Cardiac Procedures	50
1R-1, Phase II Outpatient Cardiac Rehabilitation Programs	50
1R-4, Electrocardiography, Echocardiography, and Intravascular Ultrasound.....	51
Laboratory Services.....	51
1S-1, Genotyping and Phenotyping for HIV Drug Resistance Testing.....	51
1S-2, HIV Tropism Assay.....	52
1S-3, Laboratory Services.....	52
1S-4, Genetic Testing	53
1S-7 Gene Expression Profiling for Breast Cancer	54
1S-8, Drug Testing for Opioid Treatment and Controlled Substance Monitoring	55
Ophthalmological Services.....	56
1T-1, General Ophthalmological Services.....	56
1T-2, Special Ophthalmological Services	56
Facility Services	57
2A-1, Acute Inpatient Hospital Services.....	57
2A-2, Long Term Care Hospital Services	57
2B-1, Nursing Facilities.....	59
2B-2, Geropsychiatric Units in Nursing Facilities	59
Community Based Services	60



3A, Home Health Services	60
3D, Hospice Services	61
3G-1, Private Duty Nursing for Beneficiaries Age 21 and Older	61
3G-2, Private Duty Nursing for Beneficiaries Under 21 Years of Age	62
3H-1, Home Infusion Therapy	62
3L, State Plan Personal Care Services (PCS).....	63
Medical Equipment.....	64
5A-1, Physical Rehabilitation Equipment and Supplies	64
5A-2, Respiratory Equipment and Supplies	64
5A-3, Nursing Equipment and Supplies	65
5B, Orthotics & Prosthetics.....	66
Vision Services.....	66
6A, Routine Eye Examination and Visual Aids for Beneficiaries Under 21 years of Age	66
6B, Routine Eye Examination and Visual Aids for Beneficiaries 21 years of age and older.....	67
Hearing Aid Services.....	69
7, Hearing Aid Services.....	69
Behavioral Health.....	69
8A, Enhanced Mental Health and Substance Abuse Services.....	69
8A-2, Facility-Based Crisis Service for Children and Adolescents	70
8A-5, Diagnostic Assessment	70
8B, Inpatient Behavioral Health Services.....	71
8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers	71
8F, Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD).....	72
8G, Peer Support Services (PSS).....	72
8I, Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21	73
8J, Children's Developmental Service Agencies (CDSAs)	73
Pharmacy Services	74
9, Outpatient Pharmacy Services.....	74
Specialized Therapies.....	74
10A, Outpatient Specialized Therapies.....	74
10B, Independent Practitioners (IP).....	75
10C, Outpatient Specialized Therapies Local Education Agencies (LEAs).....	76
10D, Independent Practitioners Respiratory Therapy Services	76
Stem Cell Transplants.....	76



11A-1, Hematopoietic Stem-Cell or Bone Marrow Transplantation for Acute Lymphoblastic Leukemia (ALL)	76
11A-2, Hematopoietic Stem-Cell and Bone Marrow Transplant for Acute Myeloid Leukemia)	77
11A-3, Hematopoietic Stem-Cell & Bone Marrow Transplantation for Chronic Myelogenous Leukemia	77
11A-5, Allogeneic Hematopoietic & Bone Marrow Transplant for Genetic Diseases and Acquired Anemias	78
11A-6, Hematopoietic Stem-Cell & Bone Marrow Transplantation in the Treatment of Germ Cell Tumors	79
11A-7, Hematopoietic Stem-Cell & Bone Marrow Transplantation for Hodgkin Lymphoma	79
11A-8, Hematopoietic Stem-Cell Transplantation For Multiple Myeloma and Primary Amyloidosis	80
11A-9, Allogeneic Stem-Cell & Bone Marrow Transplantation for Myelodysplastic Syndromes & Myeloproliferative Neoplasms.....	80
11A-10, Hematopoietic Stem-Cell & Bone Marrow Transplantation for Central Nervous System (CNS) Embryonal Tumors & Ependymoma	81
11A-11, Hematopoietic Stem-Cell & Bone Marrow Transplant for Non-Hodgkin's Lymphoma	81
11A-14, Placental and Umbilical Cord Blood as a Source of Stem Cells	82
11A-15, Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood.....	82
11A-16, Hematopoietic Stem-Cell Transplantation for Chronic lymphocytic leukemia (CLL) and Small lymphocytic lymphoma (SLL)	83
11A-17, CAR-T	84
Solid Organ Transplants	84
11B-1, Lung Transplantation	84
11B-2, Heart Transplantation	85
11B-3, Islet Cell Transplantation.....	85
11B-4, Kidney Transplantation.....	86
11B-5, Liver Transplantation.....	86
11B-6, Heart/Lung Transplantation	87
11B-7, Pancreas Transplant	87
11B-8, Small Bowel and Small Bowel/Liver and Multivisceral Transplants	88
11B-9, Thymus Tissue Transplant.....	88
Ventricular Assist Device.....	89
11C, Ventricular Assist Device.....	89
12B, Human Immunodeficiency Virus (HIV) Case Management	89
Auditory Implants External Parts	90
13A, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair	90



13B, Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair	90
Ambulance Services	91
15, Ambulance Services	91
Version History and Change Log.....	91



About Our Clinical Coverage Policy Reference Tool

At AmeriHealth Caritas North Carolina (ACNC), we are committed to working closely with providers to help members get care, stay well, and build healthy communities.

Unless otherwise indicated, ACNC's prior approval requirements and billing guidance, located in the [Provider Manual](#) and the [Provider Claims and Billing Manual](#), apply in lieu of the state fiscal agent's prior approval and billing guidance and policies, e.g., NCTracks Provider Claims and Billing Assistance Guide.

For provider compliance information, please refer to the [Provider Manual](#) and to your provider agreement in lieu of compliance policy requirements imposed on providers for Medicaid Direct as referenced in the North Carolina Department of Health and Human Services (NC DHHS) Clinical Coverage Policies. The NC Medicaid Direct compliance requirements in these policies do not apply to Standard Plans, including ACNC.

ACNC generally uses the [NC DHHS Clinical Coverage Policies](#) for Utilization Management. Where medical necessity criteria are not specific in the NC DHHS Clinical Coverage Policies, or where NC DHHS does not have a policy, ACNC will use [ACNC clinical policies](#) and Change Healthcare InterQual® criteria, as permitted by NC DHHS.

ACNC guidance about whether and when ACNC or Change Healthcare InterQual® materials apply, in relation to the NC DHHS Clinical Coverage Policies, follows. This list will be updated periodically to reflect updates to the NC DHHS Clinical Coverage Policies and other policies referenced. For additional questions, please direct inquiries to ACNC Utilization Management at **1-833-900-2262 (fax: 1-833-893-2262)** after 6/1/21 or to Provider Services at **1-888-738-0004**.

NOTE: Requests for codes present on the NC DHHS Covered Code List for which all indications are considered Experimental or Investigational by eviCore Guidelines will not be denied as Experimental or Investigational.



Practitioners/Clinics (Physician Clinical Coverage Policies)

1A-2, Preventive Medicine Annual Health Assessment

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-3, Noninvasive Pulse Oximetry

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-3 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-3 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - MCG criteria will be used for services without criteria in the Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Durable Medical Equipment (DME) Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-4, Cochlear and Auditory Brainstem Implants

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-4
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-4 will be used by ACNC for medical necessity determinations for requested non-DME services which fall under this Clinical Coverage Policy
 - Clinical criteria present in 1A-4 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested DME services which fall under this Clinical Coverage Policy
 - MCG criteria will be used for DME services without criteria in the Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Durable Medical Equipment (DME) Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for DME services without criteria in the above sources
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-5, Child Medical Evaluation and Medical Team Conference for Child Maltreatment

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-5 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-5 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Providers should attach their signed CME program checklist to their claim for pre-payment notification and validation
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>).

1A-6, Invasive Electrical Bone Growth Stimulation

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-6 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-6 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - MCG criteria will be used for services without criteria in the Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare DME Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-7, Neonatal and Pediatric Critical and Intensive Care Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-7
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-7 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-8, Hyperbaric Oxygenation Therapy

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-8 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-8 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-9, Blepharoplasty/Blepharoptosis (Eyelid Repair)

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-9 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-9 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For requests not addressed by the clinical criteria in 1A-9 (as in the State's case-by-case consideration process), Change Healthcare InterQual® criteria will be used by ACNC for medical necessity determinations
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section



- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-11, Extracorporeal Shock Wave Lithotripsy

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-11 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-11 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-12, Breast Surgeries

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-12 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for medical necessity criteria for mastectomy indications other than male gynecomastia or prophylactic reasons; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-12 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy except for mastectomy for indications other than male gynecomastia or for prophylactic reasons
 - Change Healthcare InterQual® criteria will be used by ACNC for medical necessity determinations for mastectomy for indications other than male gynecomastia or for prophylactic reasons
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-13, Ocular Photodynamic Therapy

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-13 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-13 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-14, Surgery for Ambiguous Genitalia

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-14
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-14 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization;

1A-15, Surgery for Clinically Severe or Morbid Obesity

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-15
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-15 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-16, Surgery of the Lingual Frenulum

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-16
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-16 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-17, Stereotactic Pallidotomy

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-17
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-17 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-19, Transcranial Doppler Studies

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-19
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-19 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-20, Sleep Studies and Polysomnography Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-20 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-20 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Sleep Management Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-21, Endovascular Repair of Aortic Aneurysm

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-21 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-21 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-22, Medically Necessary Circumcision

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-22
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-22 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-23, Physician Fluoride Varnish Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-23
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-23 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-24, Diabetes Outpatient Self-Management Education

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-24
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-24 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-25, Spinal Cord Stimulation

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-25 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-25 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - InterQual criteria will be used for services without criteria in the Clinical Coverage Policy
 - MCG criteria will be used for services without criteria in the Clinical Coverage Policy or InterQual
 - Clinical criteria present in the eviCore healthcare Musculoskeletal: Advanced Procedures Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-26, Deep Brain Stimulation

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-26 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for medical necessity criteria for requests not addressed by criteria in 1A-26; the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-26 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For requests not addressed by the clinical criteria in 1A-26 (as in the State's case-by-case consideration process), ACNC will use Change Healthcare InterQual® criteria for medical necessity determinations
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-27, Electrodiagnostic Studies

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-27
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-27 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-28, Visual Evoked Potential (VEP)

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-28
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-28 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-30, Spinal Surgeries

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-30
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-30 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - InterQual criteria will be used for services without criteria in the Clinical Coverage Policy
 - MCG criteria will be used for services without criteria in the Clinical Coverage Policy or InterQual
 - Clinical criteria present in the eviCore healthcare Musculoskeletal: Advanced Procedures Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-31, Wireless Capsule Endoscopy

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-31 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-31 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-32, Tympanometry and Acoustic Reflex Testing

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-32 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-32 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-33, Vagus Nerve Stimulation for the Treatment of Seizures

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-33 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-33 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-34, Dialysis Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-34 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-34 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-36, Implantable Bone Conduction Hearing Aids (BAHA)

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-36 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-36 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-38, Special Services: After Hours

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-38 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-38 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-39, Routine Costs in Clinical Trial Services for Life Threatening Conditions

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-39 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-39 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-40, Fecal Microbiota Transplantation

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-40 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-40 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1A-41, Office-Based Opioid Treatment: Use of Buprenorphine and Buprenorphine-Naloxone

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-41 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-41 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1A-42, Balloon Ostial Dilation

- ACNC will follow NC DHHS Clinical Coverage Policy 1A-42 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physician-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1A-42 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1B, Physician's Drug Program

- ACNC will follow NC DHHS Clinical Coverage Policy 1B (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/physicians-drug-program-clinical-coverage-policies>) except for variances as set forth in the ACNC Pharmacy Physician Drug Program clinical policy; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - To apply 1B to ACNC members, ACNC will adjust references and sections as outlined in the ACNC Pharmacy Physician Drug Program clinical policy (<https://www.amerhealthcaritasnc.com/provider/resources/clinical/resources.aspx>) which will be posted once approved by NC DHHS
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please direct inquiries about the Physician's Drug Program and other Pharmacy inquiries to ACNC Pharmacy Services at 1-866-885-1406

Podiatry

1C-1, Podiatry Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1C-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/podiatry-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1C-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1C-2, Medically Necessary Routine Foot Care

- ACNC will follow NC DHHS Clinical Coverage Policy 1C-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/podiatry-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1C-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Rural Health Clinics, FQHCs, and Health Departments

1D-1, Refugee Health Assessments Provided in Health Departments

- ACNC will follow NC DHHS Clinical Coverage Policy 1D-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/rural-health-clinics-fqhcs-and-health-departments>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1D-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



[reference-guide.pdf](#)) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1D-2, Sexually Transmitted Disease Treatment Provided in Health Departments

- ACNC will follow NC DHHS Clinical Coverage Policy 1D-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/rural-health-clinics-fqhcs-and-health-departments>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1D-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1D-3, Tuberculosis Control and Treatment Provided in Health Departments

- ACNC will follow NC DHHS Clinical Coverage Policy 1D-3 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/rural-health-clinics-fqhcs-and-health-departments>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1D-3 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1D-4, Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics

- ACNC will follow NC DHHS Clinical Coverage Policy 1D-4
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/rural-health-clinics-fqhcs-and-health-departments>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1D-4 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Obstetrics and Gynecology

1E-1, Hysterectomy

- ACNC will follow NC DHHS Clinical Coverage Policy 1E-1
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/obstetrics-and-gynecology-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1E-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy



- Providers should continue to complete forms in Attachments B-C in conformance with 1E-1 and transmit to ACNC as a notification via the submission logistics below for ACNC Prior Authorization
- For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1E-2 Therapeutic and Non-therapeutic Abortions

- ACNC will follow NC DHHS Clinical Coverage Policy 1E-2
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/obstetrics-and-gynecology-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1E-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Providers should continue to complete and submit consents and Abortion Statements in conformance with Attachments B-C in 1E-2 and transmit to ACNC as a notification via the submission logistics below for ACNC Prior Authorization
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1E-3 Sterilization Procedures

- ACNC will follow NC DHHS Clinical Coverage Policy 1E-3 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/obstetrics-and-gynecology-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1E-3 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Providers should continue to complete and submit consents in conformance with Attachments B-C in 1E-3 and transmit to ACNC as a notification via the submission logistics below for ACNC Prior Authorization
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization; the Lookup Tool is expected to be live on or before 6/1/21, so please contact Provider Services at **1-888-738-0004** for assistance with specific codes until then

1E-4, Fetal Surveillance

- ACNC will follow NC DHHS Clinical Coverage Policy 1E-4 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/obstetrics-and-gynecology-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1E-4 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1E-5, Obstetrics

- ACNC will follow NC DHHS Clinical Coverage Policy 1E-5
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/obstetrics-and-gynecology-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1E-5 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1E-6, Pregnancy Medical Home

- ACNC will follow NC DHHS Clinical Coverage Policy 1E-6
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/obstetrics-and-gynecology-clinical-coverage-policies>) except for referral requirements; the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1E-6 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - ACNC does not require referrals for in-network providers
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1E-7 Family Planning Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1E-7 for Medicaid and NCHC (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/obstetrics-and-gynecology-clinical-coverage-policies>) except for content about Family Planning (FP) Medicaid; the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Family Planning (FP) Medicaid beneficiaries are not included in Managed Care
 - Clinical criteria present in 1E-7 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Please review the associated ACNC Clinical Policy Reference Tool entry for policies referenced in 1E-7 to determine any notification requirements for consent forms or provider statements as well as submission logistics
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Chiropractic

1F, Chiropractic Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1F (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/chiropractic-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim



submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)

- Clinical criteria present in 1F will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Burn Treatments

1G-1, Burn Treatment

- ACNC will follow NC DHHS Clinical Coverage Policy 1G-1
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/burn-treatment-and-skin-substitutes-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1G-1 and 1O-3 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy or the related 1O-3
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1G-2, Skin Substitutes

- ACNC will follow NC DHHS Clinical Coverage Policy 1G-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/burn-treatment-and-skin-substitutes-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1G-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Telemedicine and Telepsychiatry

1H, Telehealth, Virtual Communications, and Remote Patient Monitoring

- ACNC will follow NC DHHS Clinical Coverage Policy 1H (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/telemedicine-and-telepsychiatry-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1H and in NC DHHS Clinical Coverage Policies referenced in 1H will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For additional clinical information, ACNC will reference the ACNC Telehealth and Telepsychiatry UM Policy which will be posted with the other ACNC policies once approved by NC DHHS (<https://www.amerihealthcaritasnc.com/provider/resources/clinical/resources.aspx>)
 - For ACNC provider compliance responsibilities: Section II. Provider and Network Information, Compliance Responsibilities subsection of Provider Manual (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)



- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization;

Dietary Evaluation and Counseling

1-I, Dietary Evaluation and Counseling and Medical Lactation Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1-I
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/dietary-evaluation-and-counseling-and-medical-lactation-services-clinical-coverage-policy>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1-I will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Radiology

1K-1, Breast Imaging

- ACNC will follow NC DHHS Clinical Coverage Policy 1K-1
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/radiology-clinical-coverage-policies>) except for medical necessity criteria for Breast MRI; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1K-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy except for Breast MRI



- Clinical criteria present in the National Imaging Associates, Inc. Advanced Imaging Guidelines (<https://www1.radmd.com/resources/clinical-guidelines.aspx>) will be used for Breast MRI
- For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics, Radiology Section: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) [p. 117-118 but once live, the hyperlink will direct providers to the appropriate section]
- For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1K-2, Bone Mass Measurement

- ACNC will follow NC DHHS Clinical Coverage Policy 1K-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/radiology-clinical-coverage-policies>) except for medical necessity criteria for CT Bone Density Study; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1K-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy except for CT Bone Density Study
 - Clinical criteria present in the National Imaging Associates, Inc. Advanced Imaging Guidelines (<https://www1.radmd.com/resources/clinical-guidelines.aspx>) will be used for CT Bone Density Study
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics, Radiology Section: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) [p. 117-118 but once live, the hyperlink will direct providers to the appropriate section]
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



1K-6, Radiation Oncology

- ACNC will follow NC DHHS Clinical Coverage Policy 1K-6 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/radiology-clinical-coverage-policies>) except for codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1K-6 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Radiation Oncology Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1K-7, Prior Approval for Imaging Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1K-7 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/radiology-clinical-coverage-policies>) except for medical necessity criteria; eviCore-related processes and policies; Prior Approval guidance; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in the National Imaging Associates, Inc. Advanced Imaging Guidelines (<https://www1.radmd.com/resources/clinical-guidelines.aspx>) will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Approval guidance and Prior Authorization submission logistics, Radiology Section: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)



- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Anesthesia

1L-1, Anesthesia Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1L-1
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/anesthesia-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1L-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy except for Anesthesia services requested in conjunction with Musculoskeletal Procedures
 - Clinical criteria present in 1L-1 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested Musculoskeletal: Advanced Procedures with Anesthesia services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Musculoskeletal: Advanced Procedures Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for Anesthesia services without criteria in the above sources
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization and which codes will be reviewed by eviCore for Musculoskeletal: Advanced Procedures.



1L-2, Moderate (Conscious) Sedation, AKA Procedural Sedation and Analgesia (PSA)

- ACNC will follow NC DHHS Clinical Coverage Policy 1L-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/anesthesia-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1L-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Maternal Support Services (Baby Love)

1M-2, Childbirth Education

- ACNC will follow NC DHHS Clinical Coverage Policy 1M-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/maternal-support-services-baby-love-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1M-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section



- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1M-3, Health and Behavior Intervention

- ACNC will follow NC DHHS Clinical Coverage Policy 1M-3 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/maternal-support-services-baby-love-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1M-3 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1M-4, Home Visit for Newborn Care and Assessment

- ACNC will follow NC DHHS Clinical Coverage Policy 1M-4 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/maternal-support-services-baby-love-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1M-4 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1M-5, Home Visit for Postnatal Assessment and Follow-up Care

- ACNC will follow NC DHHS Clinical Coverage Policy 1M-5
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/maternal-support-services-baby-love-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1M-5 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1M-6, Maternal Care Skilled Nurse Home Visit

- ACNC will follow NC DHHS Clinical Coverage Policy 1M-6
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/maternal-support-services-baby-love-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1M-6 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Allergies

1N-1, Allergy Testing

- ACNC will follow NC DHHS Clinical Coverage Policy 1N-1
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/allergies-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1N-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1N-2, Allergy Immunotherapy

- ACNC will follow NC DHHS Clinical Coverage Policy 1N-2
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/allergies-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1N-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy



- For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

10-1, Reconstructive and Cosmetic Surgery

- ACNC will follow NC DHHS Clinical Coverage Policy 10-1
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/reconstructive-surgery-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 10-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

10-2, Craniofacial Surgery

- ACNC will follow NC DHHS Clinical Coverage Policy 10-2
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/reconstructive-surgery-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)



- Clinical criteria present in 10-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
- For any specific clinical situations not addressed by the medical necessity criteria in 10-2, Change Healthcare InterQual® criteria will be used by ACNC for medical necessity determinations
- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

10-3, Keloid Excision and Scar Revision

- ACNC will follow NC DHHS Clinical Coverage Policy 10-3
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/reconstructive-surgery-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 10-3 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



10-5, Rhinoplasty and/or Septorhinoplasty

- ACNC will follow NC DHHS Clinical Coverage Policy 10-5 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/reconstructive-surgery-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 10-5 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Cardiac Procedures

1R-1, Phase II Outpatient Cardiac Rehabilitation Programs

- ACNC will follow NC DHHS Clinical Coverage Policy 1R-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/cardiac-procedures-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1R-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool



(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1R-4, Electrocardiography, Echocardiography, and Intravascular Ultrasound

- ACNC will follow NC DHHS Clinical Coverage Policy 1R-4 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/cardiac-procedures-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1R-4 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Laboratory Services

1S-1, Genotyping and Phenotyping for HIV Drug Resistance Testing

- ACNC will follow NC DHHS Clinical Coverage Policy 1S-1 (<https://medicaid.ncdhhs.gov/documents/laboratory-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1S-1 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Laboratory Management Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - Please follow the PA submission logistics above or contact Utilization Management at 1-833-900-2262 to request prior authorization for exemption from the limits outlined in the policy
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1S-2, HIV Tropism Assay

- ACNC will follow NC DHHS Clinical Coverage Policy 1S-2
(<https://medicaid.ncdhhs.gov/documents/laboratory-services-clinical-coverage-policies>)
except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1S-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1S-3, Laboratory Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1S-3
(<https://medicaid.ncdhhs.gov/documents/laboratory-services-clinical-coverage-policies>)
except for medical necessity criteria for specific labs; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim



submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)

- Clinical criteria present in 1S-3 will be used for specific non-covered tests and services defined in this Clinical Coverage Policy
- Clinical criteria present in ACNC Clinical Policies for specific laboratory tests will be used by ACNC for medical necessity determinations for the specific test; providers may use the search function to search for specific lab tests by name (<https://www.amerhealthcaritasnc.com/provider/resources/clinical/resources.aspx>)
- For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - Please follow the PA submission logistics above or contact Utilization Management at 1-833-900-2262 to request exemption from the limits outlined in the policy
- For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1S-4, Genetic Testing

- ACNC will follow NC DHHS Clinical Coverage Policy 1S-4 (<https://medicaid.ncdhhs.gov/documents/laboratory-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1S-4 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Laboratory Management Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section



- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1S-5, Genetic Testing for Susceptibility to Breast and Ovarian Cancer (BRCA)

- ACNC will follow NC DHHS Clinical Coverage Policy 1S-5 (<https://medicaid.ncdhhs.gov/documents/laboratory-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1S-5 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Laboratory Management Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization

1S-7 Gene Expression Profiling for Breast Cancer

- ACNC will follow NC DHHS Clinical Coverage Policy 1S-7 (<https://medicaid.ncdhhs.gov/documents/laboratory-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1S-7 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy



- Clinical criteria present in the eviCore healthcare Laboratory Management Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
- For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
- For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1S-8, Drug Testing for Opioid Treatment and Controlled Substance Monitoring

- ACNC will follow NC DHHS Clinical Coverage Policy 1S-8 (<https://medicaid.ncdhhs.gov/documents/laboratory-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1S-8 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



Ophthalmological Services

1T-1, General Ophthalmological Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1T-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/ophthalmological-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1T-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

1T-2, Special Ophthalmological Services

- ACNC will follow NC DHHS Clinical Coverage Policy 1T-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/ophthalmological-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 1T-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Facility Services

2A-1, Acute Inpatient Hospital Services

- ACNC will follow NC DHHS Clinical Coverage Policy 2A-1
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/facility-services-clinical-coverage-policies>) except for medical necessity criteria; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Change Healthcare InterQual® criteria will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

2A-2, Long Term Care Hospital Services

- ACNC will follow NC DHHS Clinical Coverage Policy 2A-2
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/facility-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct Utilization Management and Quality Management guidance; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 2A-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy



- For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Utilization Management and Quality Management requirements:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
Section VIII. Quality Assessment Performance Improvement Program
- For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

2A-3, Out-of-State Services

- ACNC will follow NC DHHS Clinical Coverage Policy 2A-3
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/facility-services-clinical-coverage-policies>) except for medical necessity criteria; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct Utilization Management and Quality Management guidance; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in the relevant NC DHHS Clinical Coverage Policy, in the relevant ACNC Clinical Policy if not present in a NC DHHS Clinical Coverage Policy, or in the relevant Change Healthcare InterQual® guideline if not present in a NC DHHS Clinical Coverage Policy or ACNC Clinical policy, will be used by ACNC for medical necessity determinations according to the service requested
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section



- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

2B-1, Nursing Facilities

- ACNC will follow NC DHHS Clinical Coverage Policy 2B-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/facility-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct Utilization Management and Quality Management guidance; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 2B-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Providers should continue to follow the current process for PASSR via NCMUST as described in 2B-1 and notify ACNC Utilization Management of updates at 1-833-900-2262
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

2B-2, Geropsychiatric Units in Nursing Facilities

- ACNC will follow NC DHHS Clinical Coverage Policy 2B-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/facility-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct Utilization Management and Quality Management guidance; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 2B-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy



- Providers should continue to follow the current process for PASSR via NCMUST as described in 2B-1 and notify ACNC Utilization Management of updates at 1-833-900-2262
- Providers should submit Prior Authorization requests to ACNC via the ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Community Based Services

3A, Home Health Services

- ACNC will follow NC DHHS Clinical Coverage Policy 3A
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/community-based-services-clinical-coverage-policies>) except for medical necessity criteria for certain services (see below); codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 3A will be used by ACNC for medical necessity determinations for the Home Health setting, for Medical Supplies, for Skilled Nursing, and for Home Health Aide requested services which fall under this Clinical Coverage Policy
 - Clinical criteria present in NC DHHS Clinical Coverage Policy 10A Outpatient Specialized Therapies for Speech Therapy and in Change Healthcare InterQual® guidelines for Physical Therapy and Occupational Therapy will be used by ACNC for medical necessity determinations according to the service requested
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool



(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization;

3D, Hospice Services

- ACNC will follow NC DHHS Clinical Coverage Policy 3D (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/community-based-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 3D will be used by ACNC for medical necessity determinations for Hospice services which fall under this Clinical Coverage Policy
 - Providers should continue to complete the election statement in conformance with 3D and the Hospice Personal Care Services coordination form (Hospice PCS Coordination Form DMA-3165 at <https://medicaid.ncdhhs.gov/providers/forms/hospice-forms>), as applicable, and transmit to ACNC via the ACNC Prior Authorization submission logistics below
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

3G-1, Private Duty Nursing for Beneficiaries Age 21 and Older

- ACNC will follow NC DHHS Clinical Coverage Policy 3G-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/community-based-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 3G-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Providers should continue to complete forms in Attachments B-H in conformance with 3G-1 and transmit to ACNC via the Prior Authorization submission logistics below
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

3G-2, Private Duty Nursing for Beneficiaries Under 21 Years of Age

- ACNC will follow NC DHHS Clinical Coverage Policy 3G-2
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/community-based-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 3G-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Providers should continue to complete forms in Attachments B-I as described in 3G-2 and transmit to ACNC via the Prior Authorization submission logistics below
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

3H-1, Home Infusion Therapy

- ACNC will follow NC DHHS Clinical Coverage Policy 3H-1
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/community-based-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)



- Clinical criteria present in 3H-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

3L, State Plan Personal Care Services (PCS)

- ACNC will follow NC DHHS Clinical Coverage Policy 3L
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/community-based-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance and quality improvement requirements; assessments for PCS; identification of PCS providers; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 3L will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance and quality improvement responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.
 - ACNC staff will perform assessments for PCS in lieu of the IAE assessor referenced in 3L
 - ACNC staff can assist members in determining which participating PCS providers can meet their needs



Medical Equipment

5A-1, Physical Rehabilitation Equipment and Supplies

- ACNC will follow NC DHHS Clinical Coverage Policy 5A-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/medical-equipment-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 5A-1 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - MCG criteria will be used for services without criteria in the Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare DME Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - Submit requests for medical review for unlisted items via the logistics above
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

5A-2, Respiratory Equipment and Supplies

- ACNC will follow NC DHHS Clinical Coverage Policy 5A-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/medical-equipment-clinical-coverage-policies>) except for medical necessity criteria for Percussors and Peak Flow Meters; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 5A-2 will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - MCG criteria will be used for services without criteria in the Clinical Coverage Policy



- Clinical criteria present in the eviCore healthcare DME Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
- For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - Submit requests for medical review for unlisted items via the logistics above
- For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

5A-3, Nursing Equipment and Supplies

- ACNC will follow NC DHHS Clinical Coverage Policy 5A-3 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/medical-equipment-clinical-coverage-policies>) except for medical necessity criteria for Insulin Pumps ages 0-20 and Incontinence, Ostomy, Urinary Catheter Supplies; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 5A- will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy except for Insulin Pumps ages 0-20 and Incontinence, Ostomy, Urinary Catheter Supplies
 - MCG criteria will be used for services without criteria in the Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare DME Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - Submit requests for medical review for unlisted items via the logistics above
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



[reference-guide.pdf](#)) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

5B, Orthotics & Prosthetics

- ACNC will follow NC DHHS Clinical Coverage Policy 5B (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/medical-equipment-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 5B will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - MCG criteria will be used for services without criteria in the Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare DME Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - Submit requests for medical review for unlisted items via the logistics above
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Vision Services

6A, Routine Eye Examination and Visual Aids for Beneficiaries Under 21 years of Age

- ACNC will follow NC DHHS Clinical Coverage Policy 6A (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/vision-services-clinical-coverage-policies>) except for the codes requiring Prior Authorization (excluding Medicaid and Health Choice eyeglasses); Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks



Provider Claims and Billing Assistance Guide) (excluding Medicaid and Health Choice eyeglasses).

- NCTracks Prior Authorization criteria and guidance for all eyeglasses obtained through Medicaid and Health Choice (new and replacement) remain applicable.
- Medicaid and NCHC glasses will be obtained via NCTracks and the State Optical Laboratory, and providers will bill the dispensing fee to ACNC
 - Value-Added Benefit glasses may be obtained through ACNC. This benefit is only available to ACNC members ages 21-64 at this time
 - ACNC is offering the value-added benefit of a pair of eyeglasses for adults ages 21-64 every 2 years, in addition to the pair of Medicaid eyeglasses that are covered through the standard Medicaid benefit, so that eligible adults will be able to get a pair each year
 - Providers should contact Provider Services at **1-888-738-0004** to confirm member eligibility and coding guidance
 - Once eligibility has been confirmed, providers should order glasses via the Robertson Optical provider portal
 - Inquiries regarding this ACNC value added benefit should be directed to Provider Services at **1-888-738-0004**
- Clinical criteria present in 6A will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
- For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
- For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Billing guidance for Optical Providers: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Supplemental Information section, Billing for Optical Providers subsection
- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

6B, Routine Eye Examination and Visual Aids for Beneficiaries 21 years of age and older

- ACNC will follow NC DHHS Clinical Coverage Policy 6B (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/vision-services-clinical-coverage-policies>) except for medical necessity criteria, codes requiring Prior Authorization (excluding Medicaid and Health Choice eyeglasses); Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in



the NCTracks Provider Claims and Billing Assistance Guide) (excluding Medicaid and Health Choice eyeglasses).

- NCTracks Prior Authorization criteria and guidance for all eyeglasses obtained through Medicaid and Health Choice (new and replacement) remain applicable.
- Medicaid and NCHC glasses will be obtained via NCTracks and the State Optical Laboratory, and providers will bill the dispensing fee to ACNC
 - Value-Added Benefit glasses may be obtained through ACNC. Currently, this benefit is only available to ACNC members ages 21-64.
 - AmeriHealth Caritas North Carolina is offering the value-added benefit of a pair of eyeglasses for adults ages 21-64 every 2 years, in addition to the pair of Medicaid eyeglasses that are covered currently, so that adults will be able to get a pair each year
 - Providers should contact Provider Services at **1-888-738-0004** to confirm member eligibility and coding guidance
 - Once eligibility has been confirmed, providers should order glasses via the Robertson Optical provider portal
 - Inquiries regarding this ACNC value added benefit should be directed to Provider Services at **1-888-738-0004**
- Clinical criteria present in 6B will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
- If clinical criteria for requested services covered in 6B are not present in 6B, as in the case of services identified for case-by-case reviews without criteria specified or Medically Necessary Contact Lenses, Change Healthcare InterQual® criteria will be used
- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Billing guidance for Optical Providers:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>)
Supplemental Information section, Billing for Optical Providers subsection
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



Hearing Aid Services

7, Hearing Aid Services

- ACNC will follow NC DHHS Clinical Coverage Policy 7 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/hearing-aid-services-clinical-coverage-policies>) except for medical necessity criteria; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - MCG criteria will be used for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare DME Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for services without criteria in the above sources
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Behavioral Health

8A, Enhanced Mental Health and Substance Abuse Services

- ACNC will follow NC DHHS Clinical Coverage Policy 8A (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>) for Standard Plan services that fall under this Policy 8A except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 8A will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy for Standard Plans
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

8A-2, Facility-Based Crisis Service for Children and Adolescents

- ACNC will follow NC DHHS Clinical Coverage Policy 8A-2
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 8A-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

8A-5, Diagnostic Assessment

- ACNC will follow NC DHHS Clinical Coverage Policy 8A-5
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 8A-5 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

8B, Inpatient Behavioral Health Services

- ACNC will follow NC DHHS Clinical Coverage Policy 8B
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 8B will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers

- ACNC will follow NC DHHS Clinical Coverage Policy 8C
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>) except for codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 8C will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy



- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

8F, Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD)

- ACNC will follow NC DHHS Clinical Coverage Policy 8F
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 8F will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

8G, Peer Support Services (PSS)

- ACNC will follow NC DHHS Clinical Coverage Policy 8G
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)



- Clinical criteria present in 8G will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

8I, Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21

- ACNC will follow NC DHHS Clinical Coverage Policy 8I
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 8I will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

8J, Children's Developmental Service Agencies (CDSAs)

- Services provided directly by CDSAs are not included in NC managed care
- Services listed in IFSPs provided by independent providers contracted with CDSAs are included in managed care and will be governed by the applicable clinical coverage policy for the specific service



Pharmacy Services

9, Outpatient Pharmacy Services

- ACNC will follow NC DHHS Clinical Coverage Policy 9
 - **Policy 9A: Over-the Counter Products**
 - **Policy 9B: Hemophilia Specialty Pharmacy Program**
 - **Policy 9D: Off Label Antipsychotic Safety Monitoring in Beneficiaries Through Age 17**
 - **Policy 9E: Off Label Antipsychotic Safety Monitoring in Beneficiaries 18 and Older**
 - (<https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services>) except for Section 5.14 Beneficiary Management Lock-In Program in Policy 9 Outpatient Pharmacy Services. ACNC is required to follow NCGS §108A-68.2 “Beneficiary lock-in program for certain controlled substances”
 - For ACNC claim submission logistics:
ACNC Provider Manual and Billing Guide
(<https://www.amerihealthcaritasnc.com/provider/forms/index.aspx>)
 - For ACNC Pharmacy Provider information, NCPDP payer sheet and Prior Authorization Submission
(<https://www.amerihealthcaritasnc.com/provider/pharmacy/index.aspx>)
 - For Drug Formulary: Medication Search Tool
(<https://www.amerihealthcaritasnc.com/member/eng/benefits/medicine-lookup-tool.aspx>)
 - Providers who determine that the indication or dosing for a particular drug is medically necessary for a beneficiary, but those parameters fall outside of the FDA approved guidelines and evidence standards for that drug, may submit medical record information and compendia/peer-reviewed medical literature supporting its use (as per 42USC 139r(8)(g)(1)(B)). Contact Pharmacy Services at **1-866-885-1406** for information on submission
- For Pharmacy Explanation of Payment (EOP)
 - (<https://prx.darwinrx.com/operational>) once log-ins are live, expected 7/1/21
 - Please direct inquiries about Outpatient Pharmacy Services and other Pharmacy inquiries to ACNC Pharmacy Services at **1-866-885-1406**

Specialized Therapies

10A, Outpatient Specialized Therapies

- ACNC will follow NC DHHS Clinical Coverage Policy 10A
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/specialized-therapies-clinical-coverage-policies>) except for medical necessity criteria; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 10A will be used by ACNC for medical necessity determinations for requested Speech Therapy and Audiology services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Musculoskeletal: Therapies Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for



Physical and Occupational Therapy services which fall under this Clinical Coverage Policy

- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

10B, Independent Practitioners (IP)

- ACNC will follow NC DHHS Clinical Coverage Policy 10B
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/specialized-therapies-clinical-coverage-policies>) except for medical necessity criteria; codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 10B will be used by ACNC for medical necessity determinations for requested Speech Therapy and Audiology services which fall under this Clinical Coverage Policy
 - Clinical criteria present in 10D will be used by ACNC for medical necessity determinations for requested Respiratory Therapy services which fall under this Clinical Coverage Policy
 - Clinical criteria present in the eviCore healthcare Musculoskeletal: Therapies Guidelines (<https://www.evicore.com/provider/clinical-guidelines>) will be used for Physical and Occupational Therapy services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool



(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

10C, Outpatient Specialized Therapies Local Education Agencies (LEAs)

- Outpatient Specialized Therapies delivered by Local Education Agencies (LEAs) are not included in NC Medicaid Managed Care (these services are 'carved out')

10D, Independent Practitioners Respiratory Therapy Services

- ACNC will follow NC DHHS Clinical Coverage Policy 10D (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/specialized-therapies-clinical-coverage-policies>) except for codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 10D will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Stem Cell Transplants

11A-1, Hematopoietic Stem-Cell or Bone Marrow Transplantation for Acute Lymphoblastic Leukemia (ALL)

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-2, Hematopoietic Stem-Cell and Bone Marrow Transplant for Acute Myeloid Leukemia)

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-2
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-3, Hematopoietic Stem-Cell & Bone Marrow Transplantation for Chronic Myelogenous Leukemia

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-3
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)



- Clinical criteria present in 11A-3 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-5, Allogeneic Hematopoietic & Bone Marrow Transplant for Genetic Diseases and Acquired Anemias

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-5
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-5 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization; the Lookup Tool is expected to be live on or before 6/1/21, so please contact Provider Services at **1-888-738-0004** for assistance with specific codes until then



11A-6, Hematopoietic Stem-Cell & Bone Marrow Transplantation in the Treatment of Germ Cell Tumors

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-6 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-6 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-7, Hematopoietic Stem-Cell & Bone Marrow Transplantation for Hodgkin Lymphoma

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-7 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-7 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



[reference-guide.pdf](#)) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-8, Hematopoietic Stem-Cell Transplantation For Multiple Myeloma and Primary Amyloidosis

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-8 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-8 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-9, Allogeneic Stem-Cell & Bone Marrow Transplantation for Myelodysplastic Syndromes & Myeloproliferative Neoplasms

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-9 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-9 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-10, Hematopoietic Stem-Cell & Bone Marrow Transplantation for Central Nervous System (CNS) Embryonal Tumors & Ependymoma

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-10
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-10 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-11, Hematopoietic Stem-Cell & Bone Marrow Transplant for Non-Hodgkin's Lymphoma

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-11
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-11 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy



- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-14, Placental and Umbilical Cord Blood as a Source of Stem Cells

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-14
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-14 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization;

11A-15, Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-15
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim



submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)

- Clinical criteria present in 11A-15 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
- For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11A-16, Hematopoietic Stem-Cell Transplantation for Chronic lymphocytic leukemia (CLL) and Small lymphocytic lymphoma (SLL)

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-16
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-16 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.



11A-17, CAR-T

- ACNC will follow NC DHHS Clinical Coverage Policy 11A-17 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/stem-cell-or-bone-marrow-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11A-17 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Solid Organ Transplants

11B-1, Lung Transplantation

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-1 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/solid-organ-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-1 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool



(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11B-2, Heart Transplantation

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-2 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/solid-organ-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-2 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11B-3, Islet Cell Transplantation

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-3 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/solid-organ-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-3 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section



- Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11B-4, Kidney Transplantation

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-4 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/solid-organ-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-4 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11B-5, Liver Transplantation

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-5 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/solid-organ-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-5 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management



- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11B-6, Heart/Lung Transplantation

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-6
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/solid-organ-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-6 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11B-7, Pancreas Transplant

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-7
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/solid-organ-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-7 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection



- For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11B-8, Small Bowel and Small Bowel/Liver and Multivesicular Transplant

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-8
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/solid-organ-transplants-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-8 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

11B-9, Thymus Tissue Transplant

- ACNC will follow NC DHHS Clinical Coverage Policy 11B-8 (<https://medicaid.ncdhhs.gov/11b-9-thymus-tissue-implantation/download?attachment>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11B-8 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy



- For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
- For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
- For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
- Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Ventricular Assist Device

11C, Ventricular Assist Device

- ACNC will follow NC DHHS Clinical Coverage Policy 11C
(<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/ventricular-assist-device-clinical-coverage-policies>) except for the codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 11C will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>)
Section V. Utilization Management
 - For ACNC claim submission logistics:
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide
(<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool
(<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

12B, Human Immunodeficiency Virus (HIV) Case Management

- ACNC will coordinate with existing case management programs and providers and current case managers to ensure coordination and appropriate transition of care for involved members
- ACNC will collaborate with Tier 3 AMHs to ensure eligible members with an AMH Tier 3 PCP receive appropriate supports and will provide supports directly to all other eligible members



Auditory Implants External Parts

13A, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair

- ACNC will follow NC DHHS Clinical Coverage Policy 13A (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/auditory-implant-external-parts-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 13A will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Please reference the ACNC Prior Authorization Guide (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerhealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

13B, Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair

- ACNC will follow NC DHHS Clinical Coverage Policy 13A (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/auditory-implant-external-parts-clinical-coverage-policies>) except for Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 13B will be used by eviCore healthcare on behalf of ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For ACNC Prior Authorization submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section V. Utilization Management
 - For ACNC claim submission logistics: (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section



- Please reference the ACNC Prior Authorization Guide (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/prior-authorization-reference-guide.pdf>) and the ACNC Prior Authorization Lookup Tool (<https://www.amerihealthcaritasnc.com/provider/resources/prior-authorization-lookup.aspx>) to determine which services require Prior Authorization.

Ambulance Services

15, Ambulance Services

- ACNC will follow NC DHHS Clinical Coverage Policy 15 (<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/ambulance-services>) except for codes requiring Prior Authorization; Prior Authorization submission logistics; Medicaid Direct compliance requirements; and claim submission logistics (billing guidance in the NCTracks Provider Claims and Billing Assistance Guide)
 - Clinical criteria present in 15 will be used by ACNC for medical necessity determinations for requested services which fall under this Clinical Coverage Policy
 - For ACNC provider compliance responsibilities: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>) Section II. Provider and Network Information, Compliance Responsibilities subsection
 - For Emergency Transportation claim submission logistics: (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>) Claim Filing Section
 - Emergency Transportation will not require Prior Authorization
 - For Non-Emergency Medical Transportation (NEMT) and Non-Emergency Ambulance Transportation (NEAT) Prior Authorizations: Contact ModivCare at 1-833-498-2262
 - NEMT and NEAT Claims through ModivCare:
 - Trip must be prior approved/authorized in the reservation process
 - Trip must be assigned a designated Level of Service (LOS)
 - Once trip is completed the provider can submit a claim via
 - Paper: Mailed to 2552 E Erie Dr Ste 101, Tempe, AZ 85282
 - Transportation Provider Web Portal: ([Transportationco.logisticare.com](https://transportationco.logisticare.com) [transportationco.logisticare.com])
 - Integrated Software Vendor: (i.e. MediRoutes, CTS, DriveBoss)
 - If Provider must first submit a claim to Medicare as the primary payer, the claims submission timeframes shall begin on the date of the denial of the claim by Medicare. A copy of the Medicare denial notice must be submitted with Provider's invoice.
 - ModivCare Billing & Claims Contact Information
 - Claims Liaison Line: 877-564-5664

Change Log

Date of Change	Summary of Changes
4/30/2021	Version 1
5/1/2023	Version 2
<ul style="list-style-type: none"> • Removed the following copy from nearly every service "the Lookup Tool is expected to be live on or before 6/1/21, so please contact Provider Services at 1-888-738-0004 for assistance with specific codes until then." 	



<ul style="list-style-type: none"> Added information to support eviCore healthcare implementation of the following codes: <ul style="list-style-type: none"> 1A-3, 1A-4, 1A-6, 1A-20, 1A-25, 1A-30 1K-6 1L-1 1S-1, 1S-4, <i>NEW</i> 1S-5, 1S-7 5A-1, 5A-2, 5A-3 5B 7 10A, 10B 13A, 13B 	
7/1/2023	Version 3
<ul style="list-style-type: none"> Updated Table of Contents, page 5 to include 3L, State Plan Personal Care Services (PCS) 	
8/1/2023	Version 4
<ul style="list-style-type: none"> Page 6 and 88 added 11b-9 Thymus Tissue Transplant service 	