8.1 Precertification Requirements

Horizon NJ Health has specific requirements for precertification and other medical management needs, as covered under the specific Medicaid benefit package. The precertification process evaluates the medical necessity of a procedure or course of treatment and the appropriate location of service, prior to the delivery of services. Precertification must be obtained prior to an elective or non-emergent admission, including transfers to another facility or before outpatient services are rendered. Participating and non-participating facilities must call the Horizon NJ Health Utilization Management (UM) department at 1-800-682-9094 a minimum of five business days prior to rendering services. Failure to notify UM may result in services being delayed or denied.

Please refer to the precertification reference list on the website www.horizonNJhealth for the most commonly requested procedures. If you would like a printed copy of the list, please call the UM department at 1-800-682-9094.

8.2 Precertification Process

Precertification must be obtained prior to an elective or non-urgent admission or before services that require precertification are rendered. The procedure for obtaining precertification is outlined below.

- Call UM department at 1-800-682-9094 a minimum of five business days prior to the procedure. Failure to notify UM within a minimum of five business days may result in the delay or denial of the procedure. Staff is available 24 hours a day to receive requests. Staff can send outbound communication regarding UM inquiries during normal business hours, unless otherwise agreed upon. Staff is identified by name, title and organization name when initiating and returning calls regarding UM issues.
- Horizon NJ Health will check the member’s eligibility and benefit coverage and request the following information:
  - Member’s name, address and date of birth
  - Specific clinical information, such as diagnosis, severity, supporting evidence of diagnosis, and planned treatment
  - Member’s designated contact
- Critical clinical information is required prior to authorization. Examples of critical elements include, but are not limited to, history of presenting problem, clinical exam and diagnostic test results, operative and pathological reports, treatment plan, progress notes and consultations. If critical elements of review are not obtained, an administrative denial will be issued. After the required information is gathered, the UM department will discuss the plan of treatment with the provider or provider’s representative. The discussion involves subjective and objective findings and clinical assessment. The provider may be asked to submit additional information for review by a Horizon NJ Health medical director.
- The UM department uses nationally recognized criteria in the certification process. If the criteria are met, the UM department will inform the provider or provider’s representative that the admission or service has been certified. See Section 11.4.5 Precertification and Authorization Criteria.
- As soon as the admission or plan of treatment has been certified, Horizon NJ Health will fax a notification to the PCP, referred provider and the hospital or facility. The referring provider will be given an authorization number via a faxed letter. The member will be notified via mail.

Precertification is valid only for the dates requested. Concurrent review and discharge planning will be conducted via telephone by Horizon NJ Health staff for all inpatient admissions.

If you disagree with any Horizon NJ Health medical necessity decisions, please see Section 10.5 Utilization Management Physician Appeals Process regarding appeal rights or call our UM department.

Prior to providing care for services requiring
8.0 PRECERTIFICATION

precertification, call the Horizon NJ Health UM department to verify that a prior authorization has been obtained.

Utilization Management Department
1-800-682-9094

Those with hearing or speech difficulties can call our TTY phone number at 711.

Medical management decisions are subject to appeal through the Appeals Resolution Process.

Horizon NJ Health UM decisions are benefit determinations only and do not constitute treatment recommendations or directives.

Providers are solely responsible for making medical treatment decisions in consultation with their patients.

Members may request a reconsideration of a benefit determination, in accordance with the procedure, as described in Section 10.2 Utilization Management Member Appeals Process.

8.3 Hospital Admissions

Horizon NJ Health’s UM department should be contacted at 1-800-682-9094 for all notices of admissions, observations (except OB observations) and requests for precertification of elective admissions (See Sections 8.1 and 8.2 for precertification requirements and process). If a medical emergency (including maternity) leads to a hospital admission or if a member receives observation services (See Section 4.1 for observation criteria), the UM department must be notified by calling 1-800-682-9094 within 24 hours of the admission to receive a reference number and initiate the medical utilization review process. This is not an authorization.

Horizon NJ Health conducts concurrent medical review (See Section 11.4.12 Concurrent Review) in order to approve an unplanned admission or review additional information received for elective and non-urgent admissions.

Denied services may be appealed. See Section 10.0 Complaints and Appeals Process for more information.

Hospitals are instructed to notify and consult with the PCP for appropriate history, advice and instructions.

8.4 Ambulatory Surgical Center

Horizon NJ Health does not require physicians to obtain precertification from the UM department for surgical procedures performed at an ambulatory surgical center (ASC) in the Horizon NJ Health network by a participating surgeon. Pain management procedures at an ASC, cosmetic procedures, gastric banding adjustments and varicose vein surgery require prior authorization.

However, if the surgical procedure is performed at a facility other than an ASC in the Horizon NJ Health network or by an out-of-network provider, precertification must be obtained by calling the UM department at 1-800-682-9094 at least five business days in advance of the surgery. If the procedure cannot be performed at the participating ASC where the physician is affiliated, the physician must obtain precertification prior to performing the surgical procedure. Horizon NJ Health will deny provider claims for payment if precertification is not obtained for surgical procedures performed at a facility other than a participating ASC and by a participating provider.

Horizon NJ Health encourages specialists to perform all medically necessary and appropriate surgical procedures at the freestanding ASC where they have an affiliation. If you are not affiliated with a center, we recommend that you obtain affiliation with a participating ASC.

Horizon NJ Health’s network has more than 40 ASCs. Please refer to the online Provider Directory at www.horizonNJhealth.com to view participating freestanding ASCs. To better service and accommodate our members and physicians, Horizon NJ Health is continually expanding our ASC network. Please feel free to contact our Physician & Health Care Hotline at 1-800-682-9091 with information regarding any freestanding ASC for which you are affiliated that is not participating with Horizon NJ Health.
8.5 Short Procedure Unit

Horizon NJ Health providers may utilize a Horizon NJ Health participating hospital short procedure unit (SPU) for a precertified, medically necessary procedure. The provider should conduct the request for precertification of a SPU or non-participating ASC by contacting the Horizon NJ Health UM department. In the event that precertification has not been obtained due to an emergent situation, Horizon NJ Health must be notified within 24 hours.

The criteria listed below outlines some of the indicators used by the UM department to assess appropriateness:

- Treatment plan appropriate to diagnosis
- Facility appropriateness
- Provider, hospital and ASC participation with Horizon NJ Health
- Member eligibility on date of service

If a request to utilize the SPU or non-participating ASC is denied by Horizon NJ Health, the facility will receive notification of the denial. At the time of determination, a written notification of the denial is sent to the member, PCP and/or specialist within 24 hours of determination.

Horizon NJ Health requests that precertification for procedures performed at a hospital SPU or ASC is obtained five business days in advance of the surgery. Due to monthly changes in member eligibility, all procedures are pending verification of eligibility for the date of service requested. In those instances that a procedure performed in the SPU requires an inpatient admission, Horizon NJ Health must be notified within 24 hours by calling the UM department.

Utilization Management Department
1-800-682-9094

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8.6 Radiology

Horizon NJ Health has partnered with National Imaging Associates, Inc. (NIA) for outpatient imaging management services. Prior authorization will be required for the following outpatient radiology procedures:

- CT scan
- Nuclear cardiology
- MRI/MRA
- PET scan

Physicians may reach the NIA Call Center for Horizon NJ Health by calling 1-800-642-7299. Call center hours are Monday through Friday, 8 a.m. to 8 p.m.

Horizon NJ Health’s physicians and health care professionals can use RadMD to submit all requests for authorizations online.

www.RadMD.com is available from 5 a.m. to midnight EST Monday through Friday, and 8 a.m. to 1 p.m. EST on Saturday. For assistance or technical support, please contact radmdsupport@magellanhealth.com or call 1-877-80-RadMD (877-807-2565) Monday through Friday, 8 a.m. to 8 p.m.
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