

Section: Division of Nursing
Approval: _____

PROCEDURE

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HACKETTSTOWN COMMUNITY HOSPITAL

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HEALTHSTART
(Scope)

TITLE: AMERICHoice AUTHORIZATION FOR PRENATAL CARE

PURPOSE: To obtain authorization number from Americhoice which will facilitate reimbursement to the hospital for prenatal care services provided.

CONTENT: PROCEDURE:

1. Obtain xerox copy of client's Americhoice enrollment card or current Medicaid card identifying her enrollment in Americhoice.
2. Verify enrollment by contacting Americhoice at 1-800-941-4647.
3. Complete Obstetrical Risk Assessment Form - see sample to follow.
4. Fax completed form to Americhoice at 973-297-5650.
5. Document Authorization number, number of prenatal appointments, date effective and termination date on Healthstart Prenatal Record and in Affinity billing notes.
6. Authorization includes prenatal/postpartum care, two sonograms, labs, NST's and BPP's.
7. Amniocentesis, cesarean births and admissions for anything other than birth of infant require authorization from Americhoice at 1-973-565-5162 and must be documented on chart and in billing notes.