

# Prior Authorization Guide



The **Provider Portal** is the fastest way to get help with Authorization Requirements, Requests and Status. In the portal, there's a convenient and easy way to **Chat** with an agent. You can also check requirements and status of authorizations by calling Provider Services.

## PRIOR AUTHORIZATION (PA) LIST

### PRIOR AUTHORIZATION (PA) REQUIREMENTS

Use the Pre-Auth Needed tool on our website to determine if prior authorization is required. This Prior Authorization list is provided as a quick reference. Most current information can be found within the Pre-Auth tool.

For fastest results, submit requests online at our [website](#). If the procedure requested meets clinical criteria, the Web provides an approval that can be printed for easy reference. The health plan supports the concept of the Primary Care Physician (PCP) as the “medical home” for its members.

**For members enrolled in a PPO plan, authorization is not required for non-participating providers and facilities, however, services on the medical necessity/ authorization required list below must be covered services within the benefit plan and considered medically necessary for the plan to pay a portion of the out-of-network claim.**

**For members enrolled in a non-PPO plan, all services rendered by non-participating providers and facilities require authorization, including requests to use the member's Point-of-Service benefits.** Specialists must coordinate all services with the member's PCP. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

**Urgent Authorization Requests and Admission Notifications: Call 1-855-538-0454 and follow the prompts.**

- Notification is required for Inpatient Hospital admissions **by the next business day** (except normal maternity delivery admissions). Phone authorizations must be followed by a fax submission of clinical information.
- Standard authorization requests may be submitted **online** or via fax to the numbers listed on the associated forms located [here](#).

## BEHAVIORAL HEALTH SERVICES

### SECURE PROVIDER PORTAL

**For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-855-538-0454**

Please [log in](#) to submit your Outpatient Authorization Requests and Inpatient Clinical Submissions.

**To obtain authorization, notification of an Inpatient admission is required on the next business day following admission.**

- Inpatient concurrent review is generally done by phone, but a fax option is available and the forms and fax numbers can be found [here](#).
- Psychological testing requests are to be submitted via fax. All other levels of care requiring authorization, including outpatient services, may be submitted online.

Procedures and Services	Auth Required	Comments
<b>Emergency Behavioral Health Services</b>	<b>No</b>	
<b>Non-contracted (non-participating) Provider Services</b>	<b>Yes</b>	All services from non-participating providers require prior authorization. *Excluding members enrolled in a PPO plan
<b>Behavioral Health Services</b>	<b>See Comments</b>	Please refer to the <b>Behavioral Health Authorization List</b> under <b>Other Resources</b> for authorization requirements.
<b>Acute Inpatient Admissions</b>	<b>Yes</b>	

**NOTE: Please refer to the member ID card to determine appropriate authorization requirements and process.**

This guide is not intended to be an all-inclusive list of covered services under the Health Plan.

## EMERGENCY SERVICES

### Emergency Services for the following procedures and service do NOT require prior authorization:

- Emergency Behavioral Health Services
- Emergency Transportation Services (excluding Air & Water Ambulances)
- Urgent Care Services
- Emergency Care Services

### Emergency Services authorization requirements would be applicable to places of services:

- 20 Urgent Care Facility
- 23 Emergency Room

## INPATIENT SERVICES & DISCHARGE PLANNING

### SECURE PROVIDER PORTAL

Please **log in** to submit your Authorization Requests & Inpatient Clinical Submissions.

To fax a request, please access our forms **here**.

Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

### Inpatient Services authorization requirements would be applicable to places of services:

- 21 Inpatient Hospital
- 51 Inpatient Psychiatric Facility
- 55 Residential Substance Abuse Facility
- 31 Skilled Nursing Facility
- 52 Psychiatric Facility – Partial Hospitalization
- 56 Psychiatric Residential Treatment Center
- 32 Nursing Facility
- 54 Intermediate Care Facility/ Individuals with Intellectual Disabilities
- 61 Comprehensive Inpatient Rehabilitation Facility
- 33 Custodial Care Facility
- 34 Hospice

Procedures and Services	Auth Required	Comments
<b>Elective Inpatient Procedures</b>	<b>Yes</b>	Clinical updates required for continued length of stay (LOS).
<b>Hospice</b>	<b>Yes</b>	
<b>Inpatient Hospital Admissions</b>	<b>Yes</b>	Clinical updates required for continued length of stay (LOS).
<b>Long-Term Acute Care Hospital (LTACH) Admissions</b>	<b>Yes</b>	Contact <b>CareCentrix</b> for authorization: Phone: <b>1-888-571-6028</b>
<b>Observations</b>	<b>Yes</b>	Elective procedures that convert to an Observation stay are subject to outpatient authorization requirements. <b>Authorization Lookup Tool</b> Services performed during an urgent or emergent Observation stay, such as Advanced Radiology or Cardiology, do not require authorization. Clinical updates required for continued length of stay (LOS).
<b>Orthopedic Surgery</b>	<b>Yes</b>	Contact <b>Evolent</b> for authorization: Phone: <b>1-800-424-5388</b>
<b>Rehabilitation Facility Admissions</b>	<b>Yes</b>	Contact <b>CareCentrix</b> for authorization: Phone: <b>1-888-571-6028</b>
<b>Skilled Nursing Facility Admissions</b>	<b>Yes</b>	Contact <b>CareCentrix</b> for authorization: Phone: <b>1-888-571-6028</b>
<b>Spinal Surgery</b>	<b>Yes</b>	Contact <b>Evolent</b> for authorization: Phone: <b>1-800-424-5388</b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING

### SECURE PROVIDER PORTAL

Please **log in** to submit your Outpatient Authorization Requests & Clinical Submissions.

To fax a request, please access our forms **here**.

Pharmacy Medical Requests Fax: **1-888-871-0564**

Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

#### Outpatient Services authorization requirements would be applicable to places of services:

- 01 Pharmacy
- 02 Telehealth Provided Other than in Patient's Home
- 03 School
- 04 Homeless Shelter
- 05 Indian Health Service Free-standing Facility
- 06 Indian Health Service Provider-based Facility
- 07 Tribal 638 Free-standing Facility
- 08 Tribal 638 Provider-based Facility
- 09 Prison/Correctional Facility
- 10 Tele-health Provided in Patient's Home
- 11 Office
- 12 Home
- 13 Assisted Living Facility
- 14 Group Home
- 15 Mobile Unit
- 16 Temporary Lodging
- 17 Walk-in Retail Health Clinic
- 18 Place of Employment – Worksite
- 19 Off Campus – Outpatient Hospital
- 22 On Campus – Outpatient Hospital
- 24 Ambulatory Surgical Center
- 25 Birthing Center
- 26 Military Treatment Facility
- 27 Outreach Site/Street
- 41 Ambulance – Land
- 42 Ambulance – Air or Water
- 49 Independent Clinic
- 50 Federally Qualified Health Center
- 53 Community Mental Health Center
- 57 Non-residential Substance Abuse Treatment Facility
- 58 Non-residential Opioid Treatment Facility
- 60 Mass Immunization Center
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End-Stage Renal Disease Treatment Facility
- 66 Programs of All-Inclusive Care for the Elderly (PACE) Center
- 71 Public Health Clinic
- 72 Rural Health Clinic
- 81 Independent Laboratory
- 99 Other Place of Service

Procedures and Services	Auth Required	Comments
<b>Select Outpatient Procedures</b>	<b>Yes</b>	Please refer to the <b>Authorization Lookup Tool</b> for prior authorization requirements.
<b>Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET &amp; SPECT Scans</b>	<b>Yes</b>	Contact <b>Evolent</b> for authorization: Phone: <b>1-800-424-5388</b> <b>Advanced Imaging Solution</b>
<b>Cardiac Surgery*:</b> Cardiac Catheterization, Coronary Angioplasty/Stenting, Implantable Cardioverter Defibrillator, ICD Revision or Removal, Pacemaker, Pacemaker Revision or Removal, Peripheral Revascularization, Coronary Artery Bypass Grafting, Internal Cardiac Monitoring, Leadless Pacemaker, Left Atrial Appendage (LAA) Occluders, Non-Coronary Angioplasty/Stenting, Valve Replacement and WCD – Wearable Cardiac Defibrillator.	<b>Yes</b>	Contact <b>Evolent</b> for authorization: <b>Cardiology Solution</b> Phone: <b>1-800-424-5388</b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
<b>Cardiology Services: Cardiac Imaging, Diagnostic Cardiac Procedures and Echo Stress Tests</b>	<b>Yes</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-800-424-5388</b> <b><u>Cardiology Solution</u></b>
<b>Dialysis</b>	<b>No</b>	
<b>Durable Medical Equipment Purchases and Rentals</b>	<b>Yes</b>	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements. <b>*For Home Infusion/Enteral Services, please refer to the Pharmacy section above for the preferred provider if the authorization is required.</b>
<b>Hospice Care Services</b>	<b>No</b>	
<b>Investigational &amp; Experimental Procedures and Treatment</b>	<b>Yes</b>	<b><u>Refer to Clinical Coverage Guidelines</u></b> <b><u>Secure Provider Portal</u></b>
<b>Laboratory Management (Certain Molecular and Genetic Tests)</b>	<b>Yes</b>	Contact eviCore for authorization: <b><u>eviCore Provider Web Portal</u></b> Phone: <b>1-888-333-8641</b> <b><u>Wellcare Lab Management Program Criteria</u></b> <b><u>Molecular and Genetic Testing Quick Reference Guide</u></b>
<b>Medical Oncology Services</b>	<b>Yes</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-888-999-7713</b> <b><u>Medical Oncology Program Services</u></b>
<b>Non-contracted (non-participating) Provider Services</b>	<b>Yes</b>	All services from non-participating providers require prior authorization. *Excluding members enrolled in a PPO plan
<b>Orthopedic Surgery</b>	<b>Yes</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-800-424-5388</b>
<b>Orthotics and Prosthetics</b>	<b>Yes</b>	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.
<b>Pain Management Treatment (Certain Pain Management Treatments)</b>	<b>Yes</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-800-424-5388</b> <b><u>Interventional Pain Management Solution</u></b>
<b>Physical and Occupational Therapy (including home- based therapy) *Excluding Episode of Care Requests.</b>  Please contact Wellcare for all services rendered during an Episode of Care	<b>Yes</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-800-424-5388</b> <b><u>Physical Medicine Solution</u></b>
<b>Radiation Therapy Management</b>	<b>Yes</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-888-999-7713</b> <b><u>Radiation Therapy Management Program Resources</u></b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
<b>Sleep Diagnostics</b>	<b>Yes</b>	Contact eviCore for authorization: <b><u>eviCore Provider Web Portal</u></b> Phone: <b>1-888-333-8641</b> <b><u>Sleep Diagnostics Program Criteria</u></b> <b><u>Sleep Management Worksheets</u></b>
<b>Speech Therapy</b>	<b>Yes</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-800-424-5388</b>
<b>Spinal Surgery</b>	<b>Yes</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-800-424-5388</b>
<b>Transplant Services</b>	<b>Yes</b>	Please submit clinical records for prior authorization for all transplant phases.
<b>Wound Care</b>	<b>See Comments</b>	<b>For CPT's 11004, 11005, 11008, 11011, 11012, 11042, 11043, 11044, 11045, 11046 and 11047</b> No authorization is required for the first 12 visits. After 12 combined visits or paid claims, authorization would be required.