

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

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

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

- 20 Urgent Care Facility
- 23 Emergency Room

CARDIOLOGY MANAGEMENT PROGRAM

Wellcare has partnered with **Evolent** to implement a new cardiology prior authorization program, the **Cardiology Management Program**. This program is intended to help providers easily and effectively deliver quality patient care. Cardiology services rendered in a physician's office, in an outpatient hospital ambulatory setting, or in an inpatient setting (planned professional services only) must be submitted to Evolent for prior authorization. This requirement applies to all of your Medicare members ages 18 and older.

Prior authorization can be requested by:

- Visiting the web portal at evolent.com/provider-portal.
- Calling **1-888-999-7713** (Monday–Friday, 8 a.m.–8 p.m. EST).

SKILLED HOME HEALTH & POST-ACUTE CARE

Wellcare has partnered with tango and WellSky to deliver a fully integrated proactive post-acute care program that streamlines and coordinates cohesive provider and member experience across the post-acute continuum. This agreement signifies the appointment of tango and WellSky as the delegated manager for Wellcare's Skilled Home Health and Post Acute care benefits related to skilled nursing facilities (SNF), inpatient rehabilitation facilities (IRF), and long-term, acute care hospitals (LTACH).

- **Home Health Authorizations:** Please refer to [tango's provider page](#).
- **SNF, IRF, LTACH Authorizations:** Please refer to [WellSky's authorization resources page](#).

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

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)
	Authorization Required	Authorization Required
Inpatient Rehab	WellSky is delegated for IRF authorizations. Please refer to <u>WellSky's provider page</u> .	WellSky is delegated for IRF authorizations. Please refer to <u>WellSky's provider page</u> .
Long-Term Acute Care Admissions	WellSky is delegated for LTACH authorizations. Please refer to <u>WellSky's provider page</u> .	WellSky is delegated for LTACH authorizations. Please refer to <u>WellSky's provider page</u> .
Mental Health Admissions	Yes	Yes
Observation Stays	No	No
Professional services rendered incidental to an authorized facility admit or service	No	No
Skilled Nursing Facility Admissions	WellSky is delegated for SNF authorizations. Please refer to <u>WellSky's provider page</u> .	WellSky is delegated for SNF authorizations. Please refer to <u>WellSky's provider page</u> .

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	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)
	Authorization Required	Authorization Required
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans	Contact Evolut for authorization: Phone: 1-800-424-5388 <u>Advanced Imaging Solution</u>	Contact Evolut for authorization: Phone: 1-800-424-5388 <u>Advanced Imaging Solution</u>
Any Service rendered in a facility setting (Place of Service 19, 22, & 24) with the exception of Preventive Services	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
AAA Screening	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Allergy Testing & Injections/Serum	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)
	Authorization Required	Authorization Required
Ambulance (Non Emergent) Transport	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Anesthesia	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Barium Enema	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Bone Density	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Cardiology Services: Cardiac Imaging (including echocardiograms), Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Contact <u>Evolut</u> for authorization: Phone: 1-800-424-5388 <u>Cardiac Solution</u>	Contact <u>Evolut</u> for authorization: Phone: 1-800-424-5388 <u>Cardiac Solution</u>
Cataract Surgery	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Chiropractic Services	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Colonoscopies (Diagnostic)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
CPAP/BiPAP Supplies	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Diabetes Prevention Program	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Diabetic Supplies	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Dialysis	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Dialysis Access Vascular Services	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Dopplers (except Nuclear)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)
	Authorization Required	Authorization Required
Durable Medical Equipment – Canes, Crutches, Walkers, Commodes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Durable Medical Equipment – Dialysis Supplies	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements. *For Home Infusion/Enteral Services, please refer to the Pharmacy Section above for the preferred provider if the authorization is required.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements. *For Home Infusion/Enteral Services, please refer to the Pharmacy Section above for the preferred provider if the authorization is required.
Durable Medical Equipment – Sleep Study Supplies	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
ECG/EKGs	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Echocardiograms (for cardiac echo tests, please refer to the Cardiology services section above for authorization requirements)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
EMG/Nerve Conduction Studies	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Endoscopies	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Eyeglasses or Contacts after Cataract Surgery	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Facility Outpatient Supplies	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Flat X-rays/Fluoroscopies	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Hearing Services, Diagnostic	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Holter Monitor	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Home Health	tango is delegated for skilled home health services. Please refer to <u>tango's provider page</u> .	tango is delegated for skilled home health services. Please refer to <u>tango's provider page</u> .

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)
	Authorization Required	Authorization Required
Hyperbaric Treatments	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Immunizations/Vaccines (Non-Preventive)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Informational/ Measurement Services	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Intravenous Pyelograms (IVPs)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Labs – Certain Molecular & Genetic Tests	Contact <u>eviCore</u> for authorization: Phone: 1-888-333-8641 <u>Lab Management Criteria</u> <u>Molecular and Genetic Testing Quick Reference Guide</u>	Contact <u>eviCore</u> for authorization: Phone: 1-888-333-8641 <u>Lab Management Criteria</u> <u>Molecular and Genetic Testing Quick Reference Guide</u>
Mammograms (Non-Preventive)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Medical Oncology	Contact <u>Evolut</u> for authorization: Phone: 1-888-999-7713 <u>Medical Oncology Program Services</u>	Contact <u>Evolut</u> for authorization: Phone: 1-888-999-7713 <u>Medical Oncology Program Services</u>
Medical – Surgical Supplies (excluding Wound Care – please refer to Wound Care rules below)	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Molecular & Genetic Testing Please note, some molecular & Genetic testing codes are handled by eviCore as noted above	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Nebulizers and Nebulizer Supplies	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Non-contracted (non-participating) Provider Services	All services from nonparticipating providers require prior authorization. *Excluding members enrolled in a PPO plan	All services from nonparticipating providers require prior authorization.
OB Ultrasounds, Echos, Dopplers	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Office Visits/Evaluation and Management Services	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)
	Authorization Required	Authorization Required
Ostomy, Urological & Trach Supplies	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Pacemaker Checks	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Pain Management Treatment	Contact <u>Evolut</u> for authorization: Phone: 1-800-424-5388 <u>Interventional Pain Management Solution</u>	Contact <u>Evolut</u> for authorization: Phone: 1-800-424-5388 <u>Interventional Pain Management Solution</u>
Physical and Occupational Therapy (Including home-based therapy*) <i>*Excluding Episode of Care Requests.</i>	Contact <u>Evolut</u> for authorization: Phone: 1-800-424-5388 <u>Physical Medicine Solution</u>	Contact <u>Evolut</u> for authorization: Phone: 1-800-424-5388 <u>Physical Medicine Solution</u>
Prosthetics/Orthotics	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Pulmonary Function Testing (PFTs)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Radiation Therapy	Contact <u>Evolut</u> for authorization: Phone: 1-888-999-7713 <u>Radiation Therapy Management Program Resources</u>	Contact <u>Evolut</u> for authorization: Phone: 1-888-999-7713 <u>Radiation Therapy Management Program Resources</u>
Radiologic Transcatheter Procedures	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Radio-pharmaceuticals	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Refractions	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Sleep Diagnostics	Contact <u>eviCore</u> for authorization: Phone: 1-888-333-8641 <u>Sleep Diagnostics Program Criteria</u> <u>Sleep Management Worksheets</u>	Contact <u>eviCore</u> for authorization: Phone: 1-888-333-8641 <u>Sleep Diagnostics Program Criteria</u> <u>Sleep Management Worksheets</u>
Speech Therapy	Contact <u>Evolut</u> for authorization: Phone: 1-800-424-5388	Contact <u>Evolut</u> for authorization: Phone: 1-800-424-5388
Spirometry	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)
	Authorization Required	Authorization Required
Sutures	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Treadmill Stress Tests	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Ultrasounds (Non-OB)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Upper Gastrointestinal X-rays	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.
Wound Care* (including Supplies)	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.*	Please refer to the <u>Wellcare Secure Provider Portal</u> for code level prior authorization requirements.*

***For CPT's 11004, 11005, 11008, 11011, 11012, 11042, 11043, 11044, 11045, 11046 and 11047**

No authorization is required for the first 12 visits. After 12 combined visits or paid claims, authorization would be required.