Prior Authorization Guide

Wellcare partners with **Availity Essentials**, a multi-payer portal, to offer secure provider portal services. Availity Essentials is the fastest way to get help with routine tasks. Our current secure **Provider Portal** will continue to remain active and available to you.

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 **Availity's 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 Non-Duals/C-SNP 1-800-977-7522 (TTY: 711); Duals/D-SNP 1-844-796-6811 (TTY: 711) 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

AVAILITY

For Urgent, Outpatient, and Inpatient Authorizations please **log in** to Availity.

SECURE PROVIDER PORTAL

For Urgent and Inpatient Hospitalization Authorizations and Provider Services

Phone: Non-Duals/C-SNP 1-800-977-7522 (TTY: 711); Duals/D-SNP 1-844-796-6811 (TTY: 711)

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 can be submitted using Availity. Please **log in** to Availity.
- 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.

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.

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BEHAVIORAL HEALTH SERVICES CONTINUED

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 **Pre-Auth Check tool**.
Acute Inpatient Admissions	**Yes**	

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

INPATIENT SERVICES & DISCHARGE PLANNING

AVAILITY

To use Availity, please **log in** to submit your Authorization Requests & Inpatient Clinical Submissions.

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	Auth Required	Comments
Elective Inpatient Procedures	**Yes**	Clinical updates required for continued length of stay (LOS).
Hospice	**Yes**	
Inpatient Hospital Admissions	**Yes**	Clinical updates required for continued length of stay (LOS).
Long-Term Acute Care Hospital (LTACH) Admissions	**Yes**	

INPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
Observations	**Yes**	Elective procedures that convert to an Observation stay are subject to outpatient authorization requirements. **Authorization Lookup Tool** 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).
Orthopedic Surgery	**Yes**	
Rehabilitation Facility Admissions	**Yes**	
Skilled Nursing Facility Admissions	**Yes**	
Spinal Surgery	**Yes**	

OUTPATIENT SERVICES & DISCHARGE PLANNING

AVAILITY

To use Availity, please **log in** to submit your Authorization Requests & Outpatient Clinical Submissions.

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: **1-866-226-1093**

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

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
Select Outpatient Procedures	**Yes**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements.
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans	**Yes**	Contact **Evolent** for authorization. Phone: **1-866-305-9729**
Cardiology Services: Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	**Yes**	Contact **Evolent** for authorization. Phone: **1-800-424-5388** Refer to **Evolent Documents**
Dialysis	**No**	
Durable Medical Equipment Purchases and Rentals	**Yes**	Please refer to the **Authorization Lookup Tool** 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.**
Home Health (Services rendered by both Independent Home Health Agencies and Facility-Owned Home Health Agencies)	**Yes**	
Hospice Care Services	**No**	
Investigational & Experimental Procedures and Treatment	**Yes**	Refer to **Clinical Policies** **Secure Provider Portal**
Laboratory Management (Certain Molecular and Genetic Tests)	**Yes**	
Medical Oncology Services	**Yes**	Contact **Evolent** for authorization: Phone: **1-888-999-7713**
Non-contracted (non-participating) Provider Services	**Yes**	All services from non-participating providers require prior authorization.
Orthopedic Surgery	**Yes**	
Orthotics and Prosthetics	**Yes**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements.
Pain Management Treatment (Certain Pain Management Treatments)	**Yes**	

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
Physical and Occupational Therapy (including home-based therapy) *Excluding Episode of Care Requests. Please contact Wellcare for all services rendered during an Episode of Care	**Yes**	Contact **Evolent** for authorization. Phone: **1-866-305-9729**
Radiation Therapy Management	**Yes**	Contact **Evolent** for authorization: Phone: **1-888-999-7713**
Sleep Diagnostics	**Yes**	
Speech Therapy	**Yes**	Contact **Evolent** for authorization. Phone: **1-866-305-9729**
Spinal Surgery	**Yes**	
Transplant Services	**Yes**	Please submit clinical records for prior authorization for all transplant phases.
Wound Care	**See Comments**	**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.