

# 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 1-888-505-1201 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: 1-888-505-1201**

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.
<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.

**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](https://evolent.com/provider-portal).
- Calling **1-888-999-7713** (Monday–Friday, 8 a.m.–8 p.m. EST).

## SERVICE COORDINATION AND DISEASE MANAGEMENT

Click [here](#) to locate Referral for Service Coordination/Disease Management forms, or call Customer Service at **1-888-505-1201**.

Refer a member to a **Service Coordination Program** for assistance with medication compliance, adherence to a medical treatment plan, coordination of services, screening for home-based services, accessing Behavioral Health Services or placement in a foster home or long-term care setting.

Refer a member to our **Disease Management Program** for health education and coaching for Diabetes, Coronary Artery Disease, Asthma, and/or Smoking Cessation.

## 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

## INPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
<b>Acute Behavioral Health, Alcohol or Substance Abuse Admissions</b>	<b>Yes</b>	Clinical updates required for continued length of stay (LOS). No authorization required for physician consults.
<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>	Clinical updates required for continued length of stay (LOS).
<b>Observations</b>	<b>Yes</b>	Notification and clinical updates required for continued length of stay (LOS).
<b>Orthopedic Surgery</b>	<b>Yes</b>	Contact <b><u>Evolut</u></b> for prior authorization: Phone: <b>1-800-424-5388</b>
<b>Rehabilitation Facility Admissions</b>	<b>Yes</b>	Clinical updates required for continued length of stay (LOS).
<b>Skilled Nursing Facility Admissions</b>	<b>Yes</b>	Clinical updates required for continued length of stay (LOS).
<b>Spinal Surgery</b>	<b>Yes</b>	Contact <b><u>Evolut</u></b> for prior authorization: Phone: <b>1-800-424-5388</b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

### 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><u>Authorization Lookup Tool</u></b> for prior authorization requirements.
<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 Secure Provider Portal</u></b>
<b>Medical Oncology Services</b>	<b>Yes</b>	Contact <b>Evolut</b> for prior authorization: Phone: <b>1-888-999-7713</b> <b><u>Medical Oncology Program Services</u></b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
<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>Evolut</b> for prior authorization: Phone: <b>1-800-424-5388</b>
<b>Orthotics and Prosthetics</b>	<b>Yes</b>	Please refer to the <b>Authorization Lookup Tool</b> for prior authorization requirements.
<b>Radiation Therapy Management</b>	<b>Yes</b>	Contact <b>Evolut</b> for prior authorization: Phone: <b>1-888-999-7713</b> <b><u>Radiation Therapy Management Program Resources</u></b>
<b>Skilled Therapy (PT/OT/ST) Services</b>	<b>Yes</b>	Includes Occupational, Physical and Speech therapy. No authorization is required for initial evaluations. PA is required for continued services. <b><u>Secure Provider Portal</u></b>
<b>Spinal Surgery</b>	<b>Yes</b>	Contact <b>Evolut</b> for prior 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.