

# 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

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

## 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](#).

**NWDC Inpatient Fax: 1-832-232-5607**

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	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Inpatient Rehab</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Long-Term Acute Care Admissions</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Mental Health Admissions</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

## INPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Observation Stays</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Professional services rendered incidental to an authorized facility admit or service</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Skilled Nursing Facility Admissions</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</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**

**NWDC Inpatient**

**Fax: 1-832-232-5607**

**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

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET &amp; SPECT Scans</b>	Contact <b>Evolut</b> for authorization: Phone: <b>1-800-424-5388</b> <b>Advanced Imaging Solution</b>	Contact <b>Evolut</b> for authorization: Phone: <b>1-800-424-5388</b> <b>Advanced Imaging Solution</b>	<b>Yes</b>
<b>Any Service rendered in a facility setting (Place of Service 19, 22, &amp; 24) with the exception of Preventive Services</b>	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	<b>Yes</b>
<b>AAA Screening</b>	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	<b>No</b>
<b>Allergy Testing &amp; Injections/Serum</b>	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	<b>Yes</b>
<b>Ambulance (Non Emergent) Transport</b>	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	<b>Yes</b>
<b>Anesthesia</b>	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	<b>Yes</b>
<b>Barium Enema</b>	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Bone Density</b>	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Cardiology Services:</b> Cardiac Imaging (including echocardiograms), Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Contact <b>Evolut</b> for authorization: Phone: <b>1-800-424-5388</b> <b>Cardiac Solution</b>	Contact <b>Evolut</b> for authorization: Phone: <b>1-800-424-5388</b> <b>Cardiac Solution</b>	<b>Yes</b>
<b>Cataract Surgery</b>	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	Please refer to the <b>Wellcare Secure Provider Portal</b> for code level prior authorization requirements.	<b>Yes</b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Chiropractic Services</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Colonoscopies (Diagnostic)</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>CPAP/BiPAP Supplies</b>	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Diabetes Prevention Program</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b>
<b>Diabetic Supplies</b>	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Dialysis</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Dialysis Access Vascular Services</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Dopplers (except Nuclear)</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Durable Medical Equipment –</b> Canes, Crutches, Walkers, Commodes	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	<b>Yes</b>
<b>Durable Medical Equipment –</b> Dialysis Supplies	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>	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>Yes</b>

**OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED**

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Durable Medical Equipment</b> – Sleep Study Supplies	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	<b>Yes</b>
<b>ECG/EKGs</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Echocardiograms</b> (for cardiac echo tests, please refer to the Cardiology services section above for authorization requirements)	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>EMG/Nerve Conduction Studies</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Endoscopies</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Eyeglasses or Contacts after Cataract Surgery</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Facility Outpatient Supplies</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Flat X-rays/Fluoroscopies</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Hearing Services, Diagnostic</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Holter Monitor</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Home Health</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Hyperbaric Treatments</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Immunizations/Vaccines (Non-Preventive)</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No (except when rendered in POS 19, 22, &amp; 24)</b>
<b>Informational/ Measurement Services</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No (except when rendered in POS 19, 22, &amp; 24)</b>
<b>Intravenous Pyelograms (IVPs)</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No (except when rendered in POS 19, 22, &amp; 24)</b>
<b>Labs – Certain Molecular &amp; Genetic Tests</b>	Contact <b><u>eviCore</u></b> for authorization: Phone: <b>1-888-333-8641</b> <b><u>Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide</u></b>	Contact <b><u>eviCore</u></b> for authorization: Phone: <b>1-888-333-8641</b> <b><u>Lab Management Criteria Molecular and Genetic Testing Quick Reference Guide</u></b>	<b>Yes</b>
<b>Mammograms (Non-Preventive)</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No (except when rendered in POS 19, 22, &amp; 24)</b>
<b>Medical Oncology</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-888-999-7713</b> <b><u>Medical Oncology Program Services</u></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>Yes</b>
<b>Medical – Surgical Supplies</b> (excluding Wound Care – please refer to Wound Care rules below)	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	<b>No (except when rendered in POS 19, 22, &amp; 24)</b>
<b>Molecular &amp; Genetic Testing</b> <i>Please note, some molecular &amp; Genetic testing codes are handled by eviCore as noted above</i>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Nebulizers and Nebulizer Supplies</b>	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Non-contracted (non-participating) Provider Services</b>	<b>All services from nonparticipating providers require prior authorization.</b> *Excluding members enrolled in a PPO plan	<b>All services from nonparticipating providers require prior authorization.</b>	<b>All services from nonparticipating providers require prior authorization.</b>
<b>OB Ultrasounds, Echos, Dopplers</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Office Visits/Evaluation and Management Services</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Ostomy, Urological &amp; Trach Supplies</b>	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Pacemaker Checks</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Pain Management Treatment</b>	Contact <b><u>Evolut</u></b> for authorization: Phone: <b>1-800-424-5388</b> <b><u>Interventional Pain Management Solution</u></b>	Contact <b><u>Evolut</u></b> for authorization: Phone: <b>1-800-424-5388</b> <b><u>Interventional Pain Management Solution</u></b>	<b>Yes</b>
<b>Physical and Occupational Therapy</b> (Including home-based therapy*) <i>*Excluding Episode of Care Requests. Please contact Wellcare for all services rendered during an Episode of Care</i>	Contact <b><u>Evolut</u></b> for authorization: Phone: <b>1-800-424-5388</b> <b><u>Physical Medicine Solution</u></b>	Contact <b><u>Evolut</u></b> for authorization: Phone: <b>1-800-424-5388</b> <b><u>Physical Medicine Solution</u></b>	<b>Yes</b>
<b>Prosthetics/Orthotics</b>	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	Please refer to the <b><u>Authorization Lookup Tool</u></b> for prior authorization requirements.	<b>Yes</b>



**OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED**

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Pulmonary Function Testing (PFTs)</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Radiation Therapy</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>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-888-999-7713</b> <b><u>Radiation Therapy Management Program Resources</u></b>	<b>Yes</b>
<b>Radiologic Transcatheter Procedures</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Radio-pharmaceuticals</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Refractions</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Sleep Diagnostics</b>	Contact <b><u>eviCore</u></b> for authorization: Phone: <b>1-888-333-8641</b> <b><u>Sleep Diagnostics Program Criteria</u></b> <b><u>Sleep Management Worksheets</u></b>	Contact <b><u>eviCore</u></b> for authorization: Phone: <b>1-888-333-8641</b> <b><u>Sleep Diagnostics Program Criteria</u></b> <b><u>Sleep Management Worksheets</u></b>	<b>Yes</b>
<b>Speech Therapy</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-800-424-5388</b>	Contact <b><u>Evolent</u></b> for authorization: Phone: <b>1-800-424-5388</b>	<b>Yes</b>
<b>Spirometry</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>Yes</b>
<b>Sutures</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Treadmill Stress Tests</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Wellcare of Texas HMO: H0174; PPO: H7323	Wellcare TexanPlus Health Plan (H4506)	Wellcare TexanPlus NWDC members
	Authorization Required	Authorization Required	Authorization Required
<b>Ultrasounds (Non-OB)</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Upper Gastrointestinal X-rays</b>	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.	<b>No</b> <b>(except when rendered in POS 19, 22, &amp; 24)</b>
<b>Wound Care*</b> (including Supplies)	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.*	Please refer to the <b><u>Wellcare Secure Provider Portal</u></b> for code level prior authorization requirements.*	<b>Yes</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.			