Prior Authorization Guide

Wellcare partners with **Availity Essentials**, a multi-payer portal, to offer select 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 Essentials** or our **portal**. 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 Provider Services and follow the prompts. Phone: HMO 1-800-977-7522; SNP: 1-877-935-8023 (TTY: 711).**

- 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: HMO 1-800-977-7522; SNP: 1-877-935-8023 (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 is generally done by phone, but a fax option is available and the forms can be found **here**. **Fax: 1-866-900-6918** (Inpatient); **1-855-772-7079** (Outpatient)
- 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
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.

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EMERGENCY SERVICES

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

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

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).

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**.

Fax: 1-855-537-3535

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

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**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements.
Long-Term Acute Care Hospital (LTACH) Admissions	**Yes**	Please refer to **WellSky's provider page** for prior authorization requirements.
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**	Contact **Evolent** for authorization.
Rehabilitation Facility Admissions	**Yes**	Please refer to **WellSky's provider page** for prior authorization requirements.
Skilled Nursing Facility Admissions	**Yes**	Please refer to **WellSky's provider page** for prior authorization requirements.
Spinal Surgery	**Yes**	Contact **Evolent** for authorization.

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: 1-833-423-2523**

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

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.
Cardiology Services: Cardiac Imaging (including echocardiograms), Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	**Yes**	Contact **Evolent** for authorization: Phone: **1-800-424-5388** **Cardiac Solution**
Cardiac Surgeries		Contact **Evolent** for authorization.
Dialysis	**No**	
Durable Medical Equipment Purchases and Rentals	**Yes**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements.
Home Health	**Yes**	tango is delegated for skilled home health services. Please refer to **tango's provider page**.
Hospice Care Services	**No**	
Laboratory Management (Certain Molecular and Genetic Tests)	**Yes**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements.
Medical Oncology Services	**Yes**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements.
Non-contracted (non-participating) Provider Services	**Yes**	All services from non-participating providers require prior authorization. *Excluding members enrolled in a PPO plan
Orthopedic Surgery	**Yes**	Contact **Evolent** for authorization.
Orthotics and Prosthetics	**Yes**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements.
Pain Management Treatment (Certain Pain Management Treatments)	**Yes**	Contact **Evolent** for authorization.
Physical and Occupational Therapy (including home-based therapy) ***Excluding Episode of Care Requests.***	**Yes**	Contact **Evolent** for authorization.

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
Radiation Therapy Management	**Yes**	Contact **Evolent** for authorization.
Sleep Diagnostics	**Yes**	Contact **Turning Point** for authorization.
Speech Therapy	**Yes**	Contact **Evolent** for authorization.
Spinal Surgery	**Yes**	Contact **Evolent** for authorization.
Transplant Services	**Yes**	Please submit clinical records for prior authorization for all transplant phases.
Wound Care	**Yes**	