

Availity's Provider Portal is the fastest way to get help with Authorization Requirements, Requests and Status. 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 **Availity's 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: 1-844-796-6811 (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: 1-844-796-6811 (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 is generally done by phone, but a fax option is available and the forms can be found **here**.
Fax: 1-844-824-7705
- 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.

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**

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: 1-844-885-3724

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 <u>Authorization Lookup Tool</u> for prior authorization requirements.
Long-Term Acute Care Hospital (LTACH) Admissions	Yes	Clinical updates required for continued length of stay (LOS).
Observations	Yes	Elective procedures that convert to an Observation stay are subject to outpatient authorization requirements. <u>Authorization Lookup Tool</u> 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 <u>Evolent</u> for authorization. <u>Surgical Management</u>
Rehabilitation Facility Admissions	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Skilled Nursing Facility Admissions	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Spinal Surgery	Yes	Contact <u>Evolent</u> for authorization. <u>Surgical Management</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: 1-866-226-1093**

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 <u>Authorization Lookup Tool</u> for prior authorization requirements.
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scans	Yes	Contact Evolent for authorization. <u>Advanced Imaging Solution</u>
Cardiology Services: Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Cardiac Surgeries	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Dialysis	No	
Durable Medical Equipment Purchases and Rentals	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Hospice Care Services	No	
Laboratory Management (Certain Molecular and Genetic Tests)	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Medical Oncology Services	Yes	Please refer to the <u>Authorization Lookup Tool</u> 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. <u>Surgical Management</u>
Orthotics and Prosthetics	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Pain Management Treatment (Certain Pain Management Treatments)	Yes	Contact Evolent for authorization. <u>Interventional Pain Management Solution</u>
Physical and Occupational Therapy (including home-based therapy) *Excluding Episode of Care Requests. Please contact the health plan for all services rendered during an Episode of Care	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Auth Required	Comments
Radiation Therapy Management	Yes	Contact Evolut for authorization. <u>Radiation Therapy Management Program Resources</u>
Sleep Diagnostics	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Speech Therapy	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.
Spinal Surgery	Yes	Contact Evolut for authorization. <u>Surgical Management</u>
Transplant Services	Yes	Please submit clinical records for prior authorization for all transplant phases.
Wound Care	Yes	Please refer to the <u>Authorization Lookup Tool</u> for prior authorization requirements.