



## Prior Authorization Quick Reference Guide

Phone: (877) 644-4613

[www.coordinatedcarehealth.com](http://www.coordinatedcarehealth.com)

### These procedures and services require **PRIOR AUTHORIZATION**

*This list is not all inclusive. Visit our website and use the Pre Screen Tool or call our Authorization department with questions. Failure to obtain the required prior approval or pre certification may result in a denied claim(s). All services are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.*

#### Procedures/Services

- ✓ Most procedures and services performed by **out-of-network** providers
- Ⓜ Certain Bio Pharmaceuticals and Specialty Injections
- Ⓜ Potentially **Cosmetic** including but not limited to: blepharoplasty, mammoplasty, otoplasty, rhinoplasty, septoplasty, varicose vein procedures, reconstructive or plasticsurgery
- Ⓜ Experimental or Investigational
- Ⓜ High Tech Imaging (CT/MRI/PET)
- ✓ Oral Surgery
- Ⓜ Some Pain Management services
- Ⓜ Voluntary abortion (Apple Health)
- ✓ Some Professional eye services rendered by an optometrist or ophthalmologist-PA requests should be submitted through Envolve Vision

#### Inpatient Authorization

**The following services require a prior authorization requested at least 5 days before admission.**

- ✓ All elective admissions
- ✓ Hospice care
- ✓ Rehabilitation facilities
- ✓ Skilled nursing facility
- ✓ Transplants, including evaluation
- ✓ Video EEG

**All inpatient admissions require notification within 1 business day following date of admission**

- ✓ Newborn Deliveries must include birth outcomes

#### Ancillary Services

- ✓ Cochlear implants
- ✓ DME is authorized by
- ✓ procedure code; PA is needed for supplies above state limits
- ✓ Genetic testing (select codes)
- ✓ Home health care services including home hospice, home infusion, skilled nursing, personal care services, and therapy
- ✓ Orthotics/Prosthetics are authorized by procedure code
- ✓ Quantitative Drug Testing
- ✓ Therapy requests: Occupational, Physical and Speech for non-participating providers should be submitted to Coordinated Care

#### Fax Prior Authorization requests to:

Medical – 877-212-6669

Envolve Pharmacy - 866-399-0929

Acaria Specialty Pharmacy – 1-855-217-0926

NIA High Tech Imaging:

[www.radmd.com](http://www.radmd.com)

Phone: 1-800-727-8627

Envolve Vision – Phone: 800-465-6972

#### Fax Inpatient Admission requests to:

Admissions - 877-212-6105

Concurrent Review - 877-212-6113

#### Check out our website:

[www.CoordinatedCareHealth.com](http://www.CoordinatedCareHealth.com)

- All **prior authorization forms** can be found on our website.
- Prior authorization may be **submitted online** through our secure provider portal.

# Medical Services Quick Reference Guide

## Abortions

Washington Apple Health: Covered for medical necessary and will require prior authorization. Elective abortions may be covered by a State-funded program available through DSHS.

## Chiropractic Care

Coverage varies by benefit package. PT/ST/OT services do not need to be authorized separately if delivered during chiropractic visit.

## Claims Submission

Providers will make best efforts to submit claims within 180 days; however, claims will not be accepted after 365 days from the date of service.

**Electronic Claim Submissions** can be submitted through our secure web portal or by using an approved clearinghouse: (**Payer ID – 68069**)

**See Provider Manual or web site for list of clearinghouses.**

For Paper claims submission, mail to PO Box 4030, Farmington, MO 63640-4197

## Dental Services

**Not covered by Coordinated Care.** Members must use a Medicaid dental provider who will bill DSHS on a fee for service (FFS) basis. Outpatient dental anesthesia is covered when medically necessary and will require prior authorization.

## Emergency Room Care

**Available 24/7. No prior authorization** is required for urgent or emergent care. Members may access the closest emergency room regardless of facility network status.

## High Tech Imaging

**National Imaging Associates (NIA) Magellan** performs medical necessity reviews for CT, MRA/MRI and PET scans.

**Contact NIA for provider questions and prior authorization.**

## Laboratory Services

Must use in-network provider for all lab services. National lab vendors include LabCorp and Quest. Other network lab providers can be found on our website under Find a Provider.

## Medical Necessity Review

Coordinated Care requires prior authorization and concurrent review in order to conduct medical necessity review. InterQual criteria are used to determine medical necessity for most services.

## Mental Health/Substance Abuse

Coverage varies by benefit package and may include crisis intervention/access, inpatient and outpatient services. See Behavioral Health Frequently Asked Questions for more details. **Contact Coordinated Care for provider questions and prior authorization.**

## Notification of Pregnancy

Providers must submit a NOP form at the time of the first prenatal visit. Forms may be faxed or submitted on our website. All pregnant members are enrolled in our Start Smart for Your Baby program.

## Out-of-Network Providers

Except for emergency services, members should be directed to in-network providers unless otherwise approved by Coordinated Care.

## Pain Management

Prior authorization (PA) for some Pain Management requests is required, such as for injections related to pain management treatment. Documentation required for initial PA includes history of condition, symptoms, treatments attempted prior to injection, imaging reports. PA requests for additional injections

require notes documenting progress since previous injections.

## Pharmacy Benefit

Must use Coordinated Care's Preferred Drug List (PDL), step-therapy and prior authorization protocols including those for authorization of biopharmaceuticals and other specialty injectable. **Contact Envolve Pharmacy for retail pharmacy questions and prior authorization.**

## Sterilizations

Sterilization Informed Consent form must be submitted with the claim for this procedure. The surgeon is ultimately responsible for obtaining the required written informed consent. Failure to comply with any of the requirements will result in denial of all claims associated with the procedure. Sterilization is any procedure performed with the primary purpose of rendering a male or female permanently incapable of reproducing.

## Therapies

Prior authorization is not required for PT/ST/OT services rendered by an in-network provider. PA is only required for non-participating providers. **Must bill using appropriate GN, GO, GP modifier.** **Contact Coordinated Care for PA of non-par therapy services.**

## Vision

Benefits vary by benefit package. **Contact Envolve Vision for provider questions and prior authorization.** Includes all services performed by an Optometrist or Ophthalmologist. **Eye hardware is not covered by Coordinated Care.**