Prior Authorization Quick Reference Guide
Phone: (877) 644-4613
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.

<table>
<thead>
<tr>
<th>Procedures/Services</th>
<th>Inpatient Authorization</th>
<th>Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Most procedures and services performed by out-of-network providers</td>
<td>✓ All elective admissions</td>
<td>✓ Cochlear implants</td>
</tr>
<tr>
<td>□ Certain Bio Pharmaceuticals and Specialty Injections</td>
<td>✓ Hospice care</td>
<td>✓ DME is authorized by</td>
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<tr>
<td>□ Potentially Cosmetic including but not limited to: blepharoplasty, mammoplasty,</td>
<td>✓ Rehabilitation facilities</td>
<td>✓ procedure code; PA is needed for supplies above state limits</td>
</tr>
<tr>
<td>otoplasty, rhinoplasty, septrhoplasty, varicose vein procedures, reconstructive</td>
<td>✓ Skilled nursing facility</td>
<td>✓ Genetic testing (select codes)</td>
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<tr>
<td>or plastic surgery</td>
<td>✓ Transplants, including evaluation</td>
<td>✓ Home health care services</td>
</tr>
<tr>
<td>□ Experimental or Investigational</td>
<td>✓ Video EEG</td>
<td>including home hospice, home infusion, skilled nursing, personal care services,</td>
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<tr>
<td>□ High Tech Imaging (CT/MRI/PET)</td>
<td></td>
<td>and therapy</td>
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<tr>
<td>✓ Oral Surgery</td>
<td></td>
<td>✓ Orthotics/Prosthetics are authorized by procedure code</td>
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<tr>
<td>□ Some Pain Management services</td>
<td></td>
<td>✓ Quantitative Drug Testing</td>
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<tr>
<td>□ Voluntary abortion (Apple Health)</td>
<td></td>
<td>✓ Therapy requests: Occupational, Physical and Speech</td>
</tr>
<tr>
<td>✓ Some Professional eye services rendered by an optometrist or ophthalmologist-PA</td>
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<td>for non-participating providers should be submitted to Coordinated Care</td>
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<tr>
<td>requests should be submitted through Envolve Vision</td>
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</tbody>
</table>

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

- Newborn Deliveries must include birth outcomes

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
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
- 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.