

Helpful Tips for Prior Authorization

- Prior authorization is also known as pre-service authorization, pre-authorization, and pre-certification. Before requesting a prior authorization:
 - » Providers should verify member eligibility and benefits through the WPS Provider Portal or Member Services.
 - » Members should review their health plan for specific authorization requirements, excluded services/treatments, and referral requirements.
- Providers and/or members can contact WPS with any questions regarding prior authorizations using the contact information found on the member ID card. If the member ID card is unavailable, please contact Member Services at 1-800-765-4977.
- Prior authorization is required for some inpatient admissions:
 - » Different standards apply depending on whether the admission is elective or acute.
 - **Elective admissions:** Providers must submit a prior authorization request a minimum of three (3) days prior to an elective (non-emergency) hospital admission or admission to a residential treatment program for treatment of alcoholism, drug abuse, or nervous or mental disorders.
 - **Acute admissions:** Members (or the facility) must notify WPS within two (2) days of an acute (direct or emergency) admission. Notification may be provided in writing or by telephone using the contact information found on the member card or the general Member Services number at 1-800-765-4977.
 - » Providers should submit clinical information to support the admission through iExchange.
 - » Inpatient admissions include a member's admission to:
 - An inpatient hospital
 - A hospice inpatient facility
 - An inpatient rehabilitation facility
 - A skilled nursing facility, when Medicare is not primary
 - An inpatient and residential facility for behavioral health services
- Prior authorization is required for all **non-emergency ambulance transfers** between facilities.
- Prior authorization is required for any service, procedure, or equipment listed on the Prior Authorization PDF found at wpsic.com/providers/forms/, under Prior Authorization Forms & Documents. This list is reviewed and updated regularly.
 - » Clinical information must be attached to the prior authorization request form or iExchange request.



Helpful Tips for Prior Authorization

- Non-covered services and procedures are listed here: wpsic.com/providers/medical-policies/. This list is reviewed and updated regularly.
 - » Services that are exclusions of the member's health plan or listed on the Non-covered Procedures and Services policy are not prior authorized.

Additional information regarding forms used by providers when submitting prior authorization requests and clinical documentation¹:

- » Prior authorization for pharmacy requests should be submitted following the instructions on the WPS and Arise Health Plan Drug Prior Authorization List located at wpsic.com/files/drugpreauth.pdf. This list is reviewed and updated regularly.
- » Prior authorization requests for therapies (occupational therapy, physical therapy, speech therapy) should be submitted to the fax number on the **Outpatient Therapy Prior Authorization Request Form** PDF, located at wpsic.com/providers/forms/, under Prior Authorization Forms & Documents. (If the primary treatment is for autism, please follow the autism spectrum process below).
- » Prior authorization requests for Outpatient Behavioral Health services should be submitted to the fax number on the **Outpatient Behavioral Health Treatment Request Form** PDF, located at wpsic.com/providers/forms/, under Outpatient Behavioral Health Treatment Plans. These forms can also be completed and sent with clinical information attached through iExchange.

To determine if a member qualifies for the autism spectrum benefit (including for occupational therapy, physical therapy and speech therapy for autism), please submit the **Autism Spectrum Progress Report Form** located at wpsic.com/providers/forms/, under Autism Processes. The fax number can be found on the form.

- » Prior authorization requests for all remaining services should be submitted, with clinical information uploaded, via iExchange.
 - For information about iExchange, go to wpsic.com/iexchange/index.shtml.
 - To obtain an iExchange account or for questions, contact us directly at iexchange@wpsic.com.
- » Contact information and fax numbers are also available on the Prior Authorization PDF found at wpsic.com/providers/forms/. Clinical documentation must be attached to the request form.

¹Not all plans require prior authorization for these services. Please check the member's plan or the prior authorization list at wpsic.com/providers/forms/.