Prior Authorization Guide

How to Secure Prior Authorization

Pre-Auth Needed Tool

Use the Pre-Auth Needed Tool on the website to quickly determine if a service or procedure requires prior authorization.

Submit Prior Authorization Requests

If a service requires authorization, submit your request via the secure web portal or by phone.

Secure Web Portal

provider.wellcarecomplete.com

This is the preferred and fastest method.

After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line. Notification of authorization will be returned via phone, fax or web.

Provider Services: 1-800-977-7522Michigan DSNP: 1-844-796-6811

ALABAMA

Medical fax: **1-833-704-0360** Behavioral Health fax: **1-833-577-0925**

Dental: **1-833-206-6286** Vision: **1-855-865-9729**

INDIANA

Medical fax: **1-833-713-1469**

Behavioral Health fax: 1-833-577-0930

Dental: **1-833-206-6290** Vision: **1-888-285-2895**

FLORIDA

Medical fax: **1-844-901-0069**

Behavioral Health fax: 1-833-684-1678

Dental: **1-833-206-6288** Vision: **1-855-749-1911**

KANSAS

Medical fax: **1-844-973-0051**

Behavioral Health fax: 1-833-684-1680

Dental: **1-833-206-6291** Vision: **1-866-419-0861**

TEXAS

Medical fax: 1-833-441-2410

Behavioral Health fax: **1-833-516-1586** Liberty Dental: **1-866-544-4669**

Vision: 1-855-879-1456

ILLINOIS

Medical fax: 1-844-996-0202

Behavioral Health fax: 1-844-684-1679

Dental: **1-844-822-8111** Vision: **1-855-865-9724**

MICHIGAN

Medical fax: 1-844-973-0051

Behavioral Health fax: 1-833-684-1680

Dental: **1-844-822-8111** Vision: **1-888-208-8201**

See reverse side for a list of services that require prior authorization.

Procedures Requiring Prior Authorization

The following list is not all inclusive. All out-of-network services require prior authorization except emergency care, out-of-area urgent care and out-of-area dialysis. Failure to complete the required authorization orcertification may result in a denied claim.

Please visit wellcarecomplete.com/providers.html and use the Pre-Auth Needed Tool to check if a specific service or procedure requires prior authorization.

Out-of-Network Services

All out-of-network (non-par) services and providers require prior authorization, excluding emergency care, out-of-area urgent care, or out-of-area dialysis.

Inpatient Admissions

All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admissions including but not limited to:

- Inpatient admission (elective or scheduled)
- Acute Rehabilitation
- Behavioral Health/Substance Abuse
- Long Term Acute Care (LTAC)
- Skilled Nursing Facility (SNF)

Outpatient Procedures/Services/Equipment

- Ambulance: Non emergent
- Behavioral health and substance abuse services
- Clinical trials: Notification
- Cosmetic procedures
- Drug testing for quantitative tests for drugs of abuse
- Durable medical equipment (DME)
- Experimental/investigational services and new technologies

- Gender reassignment services
- Genetic counseling/ testing
- Home health services
- Infertility
- Maternity: Notification
- Observation stays greater than 48 hours
- Orthotics/prosthetics
- Outpatient Physical,
 Occupational and Speech
 Therapy services
- Pain management
- Radiation therapy
- Select Medicare Part B drugs
- Select radiology services
- Select surgeries
- Sleep studies
- Transplants
- Wound care

Log in to our secure web portal

provider.WellcareComplete.com