

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 or certification 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

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