

Today's Options[®] HMO

A WellCare Company

2018 Today's Options[®] Classic HMO Authorization Guidelines for Contracted Providers

The following services require an authorization when done by a contracted provider. Services provided without a required authorization will result in denial of claim payment. Professional Services in a Facility do not require an authorization. The Facility's services will require an authorization. **All services by Non Contracted Providers require an authorization for HMO.**

CATEGORY	REQUIREMENT
Acute Inpatient Hospital Admissions (Elective/Emergent) Observation Stays	Authorization is required at least two (2) business days prior to elective admission. Notification must be given to the plan within 24 hours or next business day of an emergent or urgent admission
Inpatient Rehabilitation Long-Term Acute Care Skilled Nursing Facility	Authorization is required prior to admission or transfer to another Level of Care.
Diagnostic Procedures: <ul style="list-style-type: none"> • CTA • CT Scan • MRI • MRA • PET Scan • Sleep Studies • Molecular and Genetic Testing 	Authorization is required at least two (2) business days prior to services being rendered
Cardiology Imaging, including: <ul style="list-style-type: none"> • Nuclear Stress • Echo Stress • Echo Cardiography • Cardiac PET Scan • Cardiac MRI • Coronary CT • Diagnostic Heart Catheterization • Cardiac Implantables 	Authorization is required at least two (2) business days prior to services being rendered
Radiation Therapy	Authorization is required at least two (2) business days prior to services being rendered
Chemotherapy Drugs and their administration	Authorization is required at least two (2) business days prior to services being rendered
Interventional Pain Procedures	Authorization is required at least two (2) business days prior to services being rendered
Spinal surgery including Decompression and Fusion Procedures	Authorization is required at least two (2) business days prior to services being rendered
Arthroscopic Procedures including joint replacement	Authorization is required at least two (2) business days prior to services being rendered
Physical Therapy/Occupational Therapy/Speech Therapy including outpatient and in-home services	Authorization is required at least two (2) business days prior to services being rendered
Home Health Care	Authorization is required at least two (2) business days prior to services being rendered

CATEGORY	REQUIREMENT
DME/Orthotics/Prosthetics and Related Supplies: If item is available for purchase, Price > \$750 All other items, including rentals, Price > \$250	Authorization is required at least two (2) business days prior to services being rendered
Experimental and New Technology Services CPT Category III codes that are covered by Medicare	Authorization is required at least two (2) business days prior to services being rendered
Cosmetic and/or Reconstructive Procedures including but not limited to: <ul style="list-style-type: none"> • Cosmetic Surgery • Blepharoplasty • Gastroplasty/Gastric Bypass • Lipectomy or Excess Fat Removal • Uvulopalatopharyngoplasty • Sclerotherapy/Varicose veins 	Authorization is required at least two (2) business days prior to services being rendered
Transplant Services	Authorization is required at least two (2) business days prior to services being rendered



Contact Information:
 Today's Options
 Fax: 1-800-349-3548
 ProviderLink portal: uamproviderlink.universalamerican.com

