

# Today's Options<sup>®</sup> PPO

A WellCare Company

## 2018 Today's Options<sup>®</sup> PPO Authorization Guidelines

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.

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

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



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