

Prior Authorization Requirements:

Overview

WellMed Medical Management now provides management services for many United Healthcare Medicare Advantage and Humana Gold Plus patients in the Dallas metro area. You are receiving this *Fast Facts* because you are a contracted specialist who may be providing services to these patients.

Definitions

WellMed does **not** require a specialist referral process for WellMed assigned membership in the DFW service area; however, WellMed does have a Prior Authorization requirement. ***A prior authorization is a formal process where a provider must receive permission before a specific procedure, treatment or service is rendered.*** Please call WellMed Specialist Support Services with questions at: 888-877-9256

Required Process

Prior authorization is a process used by WellMed to facilitate appropriate utilization of selected health care services. Except for emergencies, before a provider schedules procedures or services listed on the Prior Authorization List, the provider must request advance approval from WellMed to insure payment. CMS refers to this process as an organizational determination. **Except for emergency care, prior authorization is required for the following services and plans of which WellMed has assigned membership:**

- All Hospital Admissions
 - All Out-of-Network Care
 - Services Shown on the Prior Authorization List
- ARP Medicare Advantage Choice (PPO): H1278-013, H1278-015
AARP Medicare Advantage SecureHorizons Plan 1 (HMO-POS): H4590-012
UnitedHealthcare Dual Complete (HMO D-SNP): H4590-020, H4514-013 AARP
Medicare Advantage Patriot (HMO-POS): H4590-027
AARP Medicare Advantage SecureHorizons Plan 2 (HMO-POS): H4590-041
AARP Medicare Advantage (HMO-POS): H4590-042, H4590-043
UnitedHealthcare Medicare Advantage Ally (HMO-POS C-SNP): H4590-044
AARP Medicare Advantage Walgreens (PPO): H1278-004
AARP Medicare Advantage (HMO): H4527-002
AARP Medicare Advantage Patriot (HMO): H4527-024
Humana Gold Plus (HMO D-SNP): H0028-031, H0028-032*
Humana Gold Plus (HMO): H0028-043*

Please Note: Services not on the Prior Authorization List and performed by a contracted provider do not require an authorization.

Request for Prior Authorization

Providers should initiate requests at least 14 days before the planned date of service for **elective services** whenever possible. **Providers can initiate a request for prior authorization in the following ways:**

- Access the WellMed provider portal at: <https://eprg.wellmed.net> The prior authorization request should include the clinical information associated with the requested service.
- All UHC contracted Dallas – Fort Worth Providers:
 - Phone: **1-877-757-4440**
 - Fax: **1-866-322-7276**

Resource

Enclosed is a copy of the Prior Authorization List. Please also refer to the secure provider portal (ePRG) to view the Prior Authorization List and request form at: <https://eprg.wellmed.net>.

Questions

For additional questions please contact WellMed Utilization Management at: **1-877-757-4440**