Helpful Tips for Prior Authorization

- Prior authorization is also known as pre-service authorization, pre-authorization, and pre-certification. Before requesting a prior authorization, you should review your health plan for specific authorization requirements, excluded services/treatments, and referral requirements.
- You can contact Arise with any questions regarding prior authorizations using the contact information found on your member ID card. If your member ID card is unavailable, please contact Member Services at 1-888-711-1444.
- Prior authorization is required for some inpatient admissions:
 - Different standards apply depending on whether the admission is elective or acute.
 - Elective admissions: Your health care provider must submit a prior authorization request a minimum of three (3) days prior to an elective (non-emergency) medical or surgical hospital admission; or for admission to a residential treatment program for treatment of alcoholism, drug abuse, or nervous or mental disorders.
 - Acute admissions: You (or the facility) must notify Arise
 within two (2) days of an acute (direct or emergency)
 admission. Notification may be provided in writing or by
 telephone using the contact information found on your member ID card or by calling Member Services at 1-888-711-1444.
 - » Inpatient admissions include your admission to:
 - An inpatient hospital
 - · A hospice inpatient facility
 - An inpatient rehabilitation facility
 - A skilled nursing facility, when Medicare is not primary
 - · An inpatient and residential facility for behavioral health services
- Prior authorization is required for all non-emergency ambulance transfers between facilities.
- In addition to inpatient admissions, prior authorization is required for any service, procedure, or equipment that is listed on our website at AriseHealthPlan.com/members/pre_service_auth/when_pre_service_auth/when_pre_service_auth. This list is reviewed and updated regularly.
 - » Please share this information with your health care provider, who can submit the Prior Authorization Form and your relevant clinical information directly to us.



