Helpful Tips for Prior Authorization

- Prior authorization is also known as pre-service authorization, pre-authorization, and pre-certification. Before requesting a prior authorization:
  - Providers should verify member eligibility and benefits through the Arise Health Plan Provider Portal or Member Services.
  - Members should review their health plan for specific authorization requirements, excluded services/treatments and referral requirements.
- Providers and/or members can contact Arise with any questions regarding prior authorizations using the contact information found on the member ID card. If the 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**: Providers must submit a prior authorization request a minimum of three (3) days prior to an elective (non-emergency) hospital admission or admission to a residential treatment program for treatment of alcoholism, drug abuse, or nervous or mental disorders.
    - **Acute admissions**: Members (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 the member card or contact Member Services at 1-888-711-1444.
  - Providers should submit clinical information to support the admission through iExchange.
  - Inpatient admissions include a member's 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

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Helpful Tips for Prior Authorization

- Prior authorization is required for all ***non-emergency ambulance transfers*** between facilities.
- Prior authorization is required for any service, procedure, or equipment listed on our website AriseHealthPlan.com/providers/pre_service_auth/when_pre_service_auth. This list is reviewed and updated regularly.
  - » Clinical information must be attached to the prior authorization request form or iExchange request.
- Non-covered services and procedures are listed online here: AriseHealthPlan.com/documents/Providers/Coverage%20Policy%20Bulletins/Non-covered%20Services.pdf. This list is reviewed and updated regularly.
  - » Services that are exclusions of the member's health plan or listed on the Non-covered Procedures and Services Policy are not prior authorized.

Additional information regarding forms used by providers when submitting prior authorization requests and clinical documentation[1]:

- » Prior authorization for pharmacy requests should be submitted following the instructions on the WPS and Arise Health Plan Drug Prior Authorization List at wpsic.com/files/drugpreauth.pdf.
- » Prior authorization requests for all remaining services should be submitted, with clinical information uploaded, via iExchange.
  - For information about iExchange, go to wpsic.com/files/28310_iexchange-insert.pdf.
  - To obtain an iExchange account or for questions, contact us directly at iexchange@wpsic.com.
- » Contact information and fax numbers are also available on the prior authorization request form, found at secure.wecareforwisconsin.com/documents/Providers/Provider%20Forms/Pre-Service%20Authorization%20Request%20Form/28989_prior-authorization-request.pdf. Clinical documentation must be attached to the request form.

[1]Not all plans require prior authorization for these services. Please check the member's plan or the prior authorization list at wpsic.com/providers/forms.

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