

▶ Helpful Tips for Prior Authorization

- Prior authorization is also known as pre-service authorization, preauthorization, and precertification. Before requesting a prior authorization:
 - » Providers should verify member eligibility and benefits through the Arise Health Plan Provider Portal, or Customer Service.
 - » Customers should review their health plan for specific authorization requirements, excluded services/treatments, and referral requirements.
- Providers and/or customers can contact Arise with any questions regarding prior authorizations using the contact information found on the customer card. If the customer card is unavailable, please contact Customer Service at 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 (nonemergency) hospital admission or admission to a residential treatment program for treatment of alcoholism, drug abuse, or nervous or mental disorders.
 - Acute admissions: Customers (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 customer card or contact Customer Service at 888-711-1444.
 - » Providers should submit clinical information to support the admission through iExchange.
 - » Inpatient admissions include a customer'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
- Prior authorization is required for all nonemergency ambulance transfers between facilities.
- Prior authorization is required for any service, procedure, or equipment listed here. This list is reviewed and updated regularly.
 - » Clinical information should be attached to the request form or iExchange request.
- Noncovered services and procedures are listed here. This list is reviewed and updated regularly.
 - » Services that are exclusions of the customer's health plan or listed on the Noncovered Services and Procedures Policy are not typically prior authorized.



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

- » Prior authorization for pharmacy requests should be submitted following the instructions on the [WPS and Arise Health Plan Drug Prior Authorization List](#).
- » To determine if a service needs an Outpatient Behavioral Health Review, please contact Customer Service at 888-711-1444.
- » Prior authorization requests for all remaining services should be submitted, with clinical information uploaded, via iExchange.
 - For information about iExchange, go to wpshealth.com/resources/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 available on the [prior authorization request form](#). Clinical documentation should be attached to the request form.