

This pre-authorization matrix is meant to be used as a guide for participating Senior Whole Health providers and vendors			
Matrix Legend:			
Facility =	The facility where the procedure or service is being performed must contact plan for authorization		
Clinician =	The clinician performing the procedure or service must contact the plan for authorization		
Facility/Clinician =	Both the facility and/or clinician must contact plan for authorization		
All Entities =	Any entity performing a service in the identified setting must contact plan for authorization		
	No authorization is required in the indicated setting or is not applicable for the setting		
Notes:	Notes apply to all providers entities unless stated otherwise in the matrix		
Service Category	Inpatient Setting	Outpatient Setting	Notes
Entity Responsible for Obtaining Auth			
Ambulance-Emergency			Non-emergency transportation requires an authorization by SWH. No PT1 required.
Ambulatory Surgery			Auth Requirement removed 1/1/08
Anesthesia			
Behavioral Health	Facility/Clinician - See Note	Facility/Clinician - See Note	Inpatient and Outpatient goes to Behavioral Health Vendor: Value Options: 866.300.0217
Cardiac Rehabilitation		Clinician/Facility	
Chiropractic Services	See Notes	See Notes	For contracted chiropractors: medically necessary manual manipulation of the spine consistent with Medicare coverage and billing guidelines; and coverage for 20 <u>routine</u> office visits per calendar year. Non-contracted chiropractors are not eligible.
Cosmetic Procedures	Clinician	Clinician	Procedures that are considered possibly cosmetic require pre-authorization
Dental		Clinician	DentaQuest administers Dental benefit: 800.341.8478.
Diabetes Self-Management Training			
Diagnostic Tests			Including Endoscopies and Biopsies
Dialysis			
DME - Enteral Therapy		All Entities	
DME Repairs		All Entities	
Durable Medical Equipment	All Entities	All Entities	
Emergency Services			
Endoscopies and Biopsies			
Facility Ancillaries			
Home Health		All Entities - See Note	PT, OT, Skilled Nursing and HH Aide services in the home. Use Universal Home Health Authorization Form
Hospice	Facility/Clinician	Facility/Clinician	Reverts to Medicare benefit. Call Clinical for more information.
Inpatient Admission - Acute	Facility		Elective admission: Pre-authorization required seven days prior to admission
Inpatient Admission - Rehabilitation	Facility		
Inpatient Admission - Skilled Nursing	Facility		
Laboratory Services			
Nutrition Counseling			Three visits per year without referral (services provided in the home are covered by home health auth)
Observation		Facility	Observation is considered outpatient and always requires authorization, except directly following Ambulatory Surgery
An authorization for one of the above services is not a guarantee of payment. Payment will be made based on eligibility, authorization status, and coding edits that may apply to a given code or code set.			
*Please note that specialty services performed by a Non Participating Provider will require authorization.			

This pre-authorization matrix is meant to be used as a guide for participating Senior Whole Health providers and vendors			
Matrix Legend:			
Facility =	The facility where the procedure or service is being performed must contact plan for authorization		
Clinician =	The clinician performing the procedure or service must contact the plan for authorization		
Facility/Clinician =	Both the facility and/or clinician must contact plan for authorization		
All Entities =	Any entity performing a service in the identified setting must contact plan for authorization		
	No authorization is required in the indicated setting or is not applicable for the setting		
Notes:	Notes apply to all providers entities unless stated otherwise in the matrix		
Service Category	Inpatient Setting	Outpatient Setting	Notes
Entity Responsible for Obtaining Auth			
Occupational Therapy		Facility/Clinician - See Note	Services provided in the home are covered by the home health authorization
Oncology			Includes radiation & chemotherapy
Oral Surgery	Facility/Clinician	Facility/Clinician	
Orthotics/Prosthetics - Supplies			Compression Stockings
Orthotics/Prosthetics Procedures and Devices	Facility/Clinician	Facility/Clinician	
Other Therapies		Clinician/Facility	See Cardiac Rehabilitation, Pulmonary Rehabilitation
Oxygen - Gaseous Systems	All Entities	All Entities	Includes gaseous systems, related supplies and the oxygen content
Oxygen - Liquid Systems	All Entities	All Entities	
Oxygen Supplies	All Entities	All Entities	Include all supplies necessary for liquid or gaseous oxygen administration
PET Scans			
Pharmacy	Facility/Clinician - See Note	Facility/Clinician - See Note	SWH has a formulary. Contact SWH for information
Physical Therapy		Facility/Clinician - See Note	Services provided in the home are covered by the home health authorization requirements
Professional Services			Includes all medically necessary participating primary care, routine and specialists services (unless otherwise stated in this matrix)
Pulmonary Rehabilitation		Clinician/Facility	
Radiology			
Speech Therapy		Facility/Clinician	Services provided in the Home are covered by the Home Health authorization requirements
Supplies - Disposable diapers for incontinence		Facility/Clinician	
Supplies - Medical & Surgical			All medical & surgical supplies unless stated here otherwise. Includes disposable diabetic supplies.
Supplies - Miscellaneous			
Surgery			See Inpatient Admission requirements for procedures that require admission
Vaccines			
Vision Services			Vision Service Plan (VSP) administers vision benefit: 800.877.7195
An authorization for one of the above services is not a guarantee of payment. Payment will be made based on eligibility, authorization status, and coding edits that may apply to a given code or code set.			
*Please note that specialty services performed by a Non Participating Provider will require authorization			