Wellpoint Iowa, Inc.

Iowa Medicaid Town Hall

June 20, 2024

Wellpoint

Overview

What requires prior authorization/precertification.

Member resources:

Member website

Member handbook (English)

Member Handbook Addendum (English)

Member Handbook (Spanish)

Provider resources:

Provider website

Medicaid Provider Manual

Precertification Lookup Tool (Pluto)

Forms

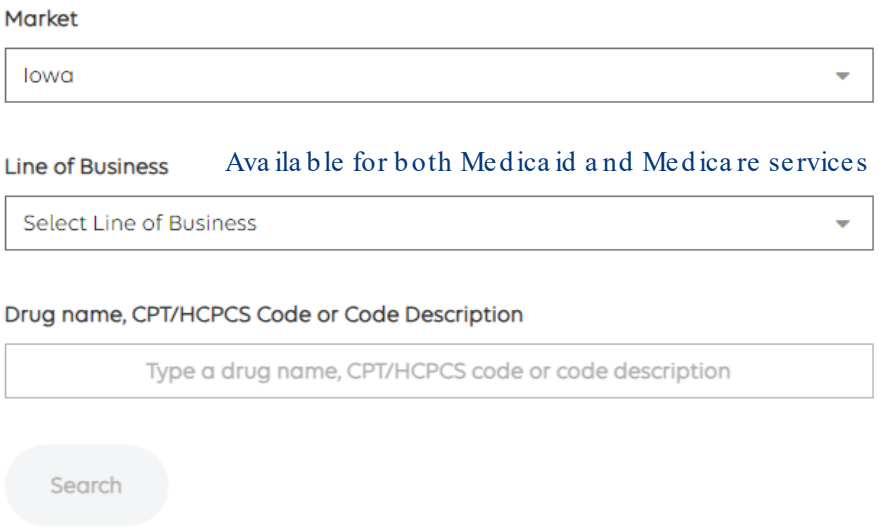
Medical Policies and Clinical UM Guidelines

Prior Authorization/Precertification

- ***All*** inpatient services require authorization.
  - This includes concurrent review.
- Certain behavioral health services **always** require precertification when billed with applicable revenue codes.
- Certain outpatient procedures, services, or supplies require precertification.

Precertification Lookup Tool (PLUTO)

Providers are encouraged to utilize the Prior Authorization Lookup Tool (PLUTO) on our website to determine if the CPT/HCPCS code, or code description, requires an authorization.



Information Needed for Medical Necessity Determination

- Member name and IA Health Link identification (ID) number
- Diagnosis with the International Classification of Diseases (ICD-10) code
- Procedure with the Current Procedural Terminology (CPT) code
- Date of injury or hospital admission
- Third-party liability (TPL) information, if applicable
- Facility Name, if applicable
- Facility ID number, if applicable
- Requesting physician/provider, if applicable
- Primary Care Physician (PCP), if applicable and different from the requesting physician/provider
- Level of Care (LOC) requested, if applicable with supporting documentation

- Clinical justification for the request, including but not limited to the following:
  - Lab, radiology, and pathology test(s) result(s)
  - Medications
  - Treatment plan, including time frames
  - Treatment(s)/Intervention(s) and the member's response—including treatments and interventions provided in the Emergency Room (ER)
  - Diagnoses of differentiation, if applicable
  - Current History and Physical (H&P)
  - Prognosis
  - Psycho-social status
  - Exceptional or special needs issues
  - Ability to perform activities of daily living (ADLs)
  - Discharge plans
  - Any known barriers to discharge

Additional information is available beginning on page 87 of the Wellpoint Provider Manual.

Helpful Tips from Utilization Management

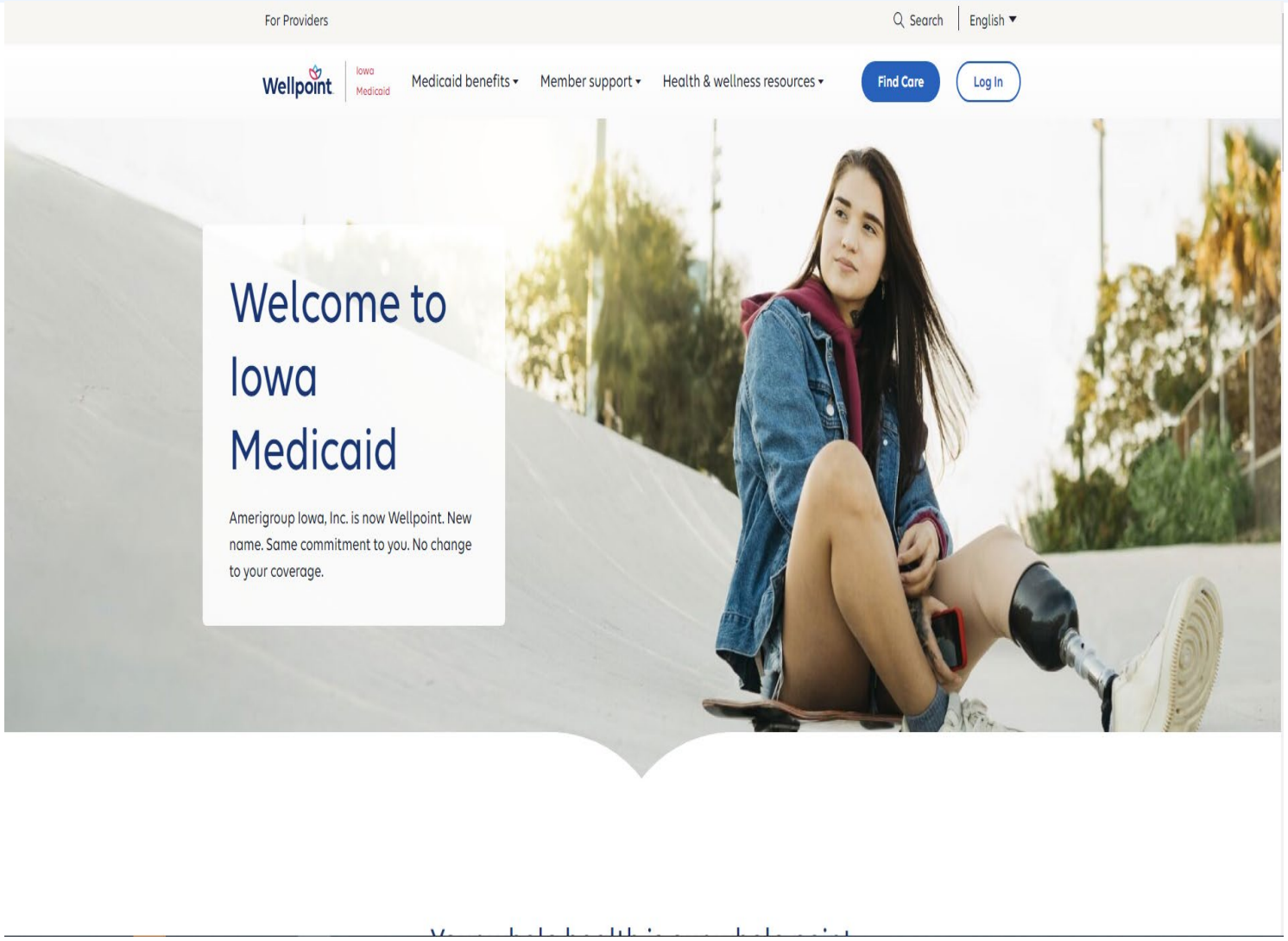
Helpful UM Tips

- Write clearly/legibly on the request for prior authorization form.
- Verify CPT/HCPC codes, and modifiers if applicable, requested are accurate and require prior authorization.
- Authorization status can be verified using the Availity portal.
- Include name, phone number, NPI, Tax ID, and fax number on the authorization request for the person to contact if additional information is needed or when a decision has been rendered.
    - Verify accuracy of servicing and requesting provider information.
- Clinical submitted should “tell the story” of the care that is required; the identified need, intervention, and treatment progress.

Member Resources

Member Website

- Educational Materials
- Find a Doctor
- Live chat with a member services representative or send a secure message.
- Member Handbook
- Review Benefits
  - Iowa Healthlink
  - Health and Wellness
- Additional resources



Provider Resources

Provider Website

- Communication bulletins
- Forms
- Medicaid Provider Handbook
  - Medicare Provider Handbook
- Precertification Lookup Tool (PLUTO)
- Medical Policy and Clinical Guidelines
- Additional Resources

https://www.provider.wellpoint.com/iowa -provider