



iowa total care™



Iowa Medicaid Town Hall – ITC Prior Authorizations

January 26, 2023

Prior Authorizations

Iowa Total Care uses prior authorizations to ensure that all care delivered to our members is medically necessary and appropriate, based on the member's type and severity of condition. We work with our contracted providers to review certain testing and treatment decisions and verify that they are consistent with our clinical policies and philosophy of care.

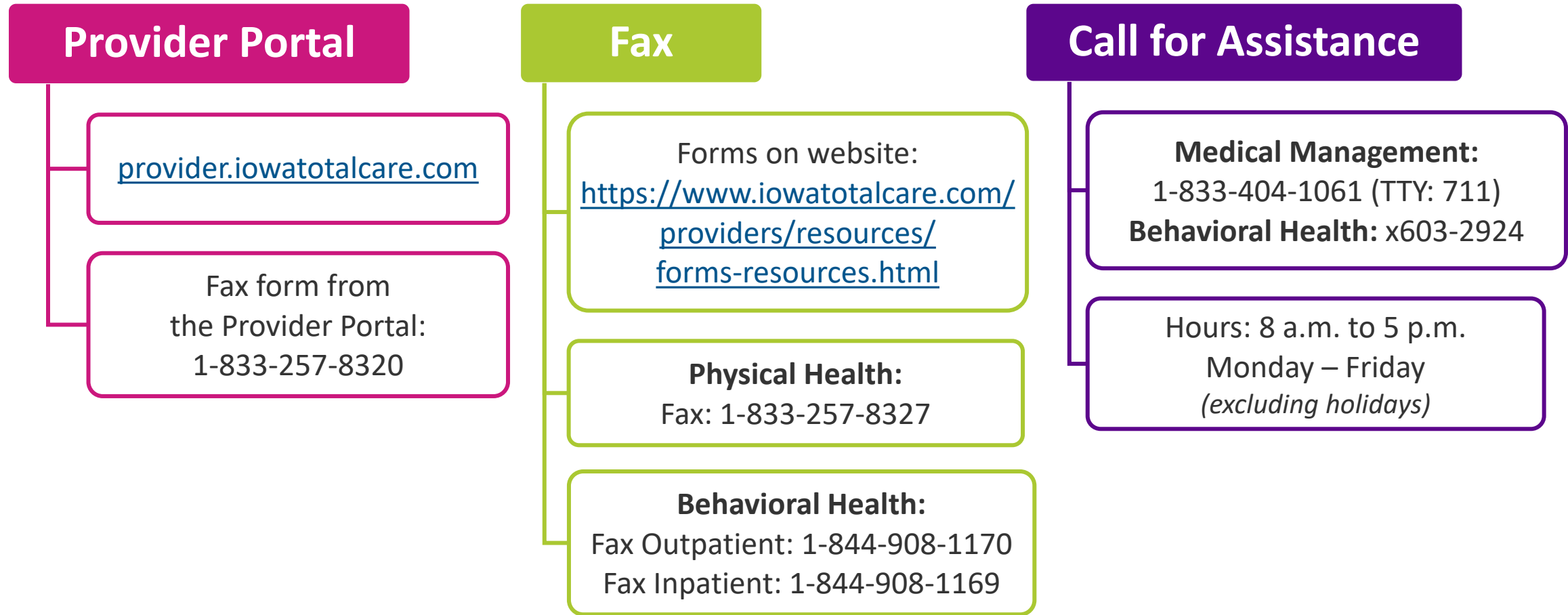
- Medically necessary services
- Failure to obtain a prior authorization may result in claim denials
 - Members cannot be billed for services denied for lack of prior authorization
- Non-Par providers must have all services prior authorized except for:
 - Family planning, emergency room, post-stabilization services and tabletop x-rays
 - These services are also excluded for par provider authorization requirements
- An authorization is **not** a guarantee of payment
 - Members must be eligible at time of service
 - Service must be a covered benefit
 - Services must be billed correctly

Use our Prior Authorization Check Tool:

<https://www.iowatotalcare.com/providers/preauth-check.html>

Prior Authorizations: How to Submit

There are three ways to submit prior authorizations to Iowa Total Care:



Requests received after normal business hours will be processed the next business day.

Prior Authorizations: Provider Submission Timings

Failure to obtain Prior Authorization may result in claim denials.

| PROVIDER SUBMISSION TIMINGS | |
|---|---|
| Scheduled Admissions/ Elective Outpatient Services | 5 business days prior to service Behavioral Health is up to 30 days in advance |
| Emergent Inpatient Admissions | Inpatient: within 24 hours or next business day of admission |
| Observation | No authorization or notification required for in-network providers |
| Crisis Intervention | Within 2 business days |
| Delivery | Notification within 2 business days of delivery |
| Neonatal Intensive Care Unit (NICU) Admit | Within 24 hours or next business day of admission |

Convenience/scheduling alone do not equal “Urgent” status.

Prior Authorizations: Iowa Total Care Review Timings

Definition of Urgent

- **Inpatient (IP) Urgent :**
 - Medically necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member’s ability to regain maximum function, within 24 hours.
- **Outpatient (OP) Urgent:**
 - Medically necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member’s ability to regain maximum function, within 72 hours.

| IOWA TOTAL CARE REVIEW TIMINGS | |
|--------------------------------|---|
| Standard Non-Urgent | 14 calendar days |
| Expedited Preservice/Urgent | Inpatient: 24 hours; Outpatient: 72 hours |
| Inpatient/Concurrent Review | 72 hours |
| Retrospective Review | 30 days |

Prior Authorizations: Frequently Asked Questions

Prior Authorization: Frequently Asked Questions

What does the submission process for a prior authorization (PA) request look like?

- The preferred method for submitting PAs is through our [Secure Provider Web Portal](#).
- PAs can also be submitted by faxing the appropriate inpatient or outpatient PA request form, posted at our [website](#) to the applicable physical or behavioral health number listed on each form.
 - Physical Health (Outpatient & Inpatient): 1-833-257-8327
 - Behavioral Health Outpatient: 1-844-908-1170
 - Behavioral Health Inpatient: 1-844-908-1169
- If unable to submit online or through fax, requests can be submitted by calling the Medical Management Department toll-free at 1-833-404-1061. Clinical will need to be submitted via portal or fax before the case can be reviewed.

When do I need a prior authorization?

- For a complete and accurate list of services that require a prior authorization, use the [Prior Authorization Check Tool](#) on the ITC website.
- For Radiology and Advanced Imaging Services, visit radmd.com for more information about these services and submission.

When does clinical information need to be included with a prior authorization?

- Clinical information is **always required** for review of a prior authorization request.



<https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/PriorAuthFAQ-2021.pdf>

Thank you!
