

Outpatient Pre-Authorization Guidelines



Pre-Authorization

A pre-authorization is a decision that certain outpatient services, including surgical and diagnostic services meet the criteria for medical necessity under the member's benefit plan.

The pre-authorization process is separate from the pre-certification process, which deals with inpatient hospital admissions.

1. Before requesting a pre-authorization, please verify eligibility, and benefits through Member Services.
2. Verification of member eligibility is valid if obtained within five business days of service, except in the case of misrepresentation.
3. Members are encouraged to review their benefit booklet for specific prior approval requirements, durable medical equipment requirements, excluded services/treatments and referral requirements. Contract exclusions will not be pre-authorized.

Note: A Release of Information form included in the application for insurance was signed by our member at the time they applied for coverage.

**Customer Service: Please refer to the Customer Service number listed on the back of the member ID card or call 800-765-4977 if you are unable locate the number
Pre-authorization Fax Numbers: 608-226-4777**

**Customer Service number for
WPS Employee Group is 800-798-8914
Fax number for the WPS Employee Group is 608-226-2668**

iEXCHANGE

iEXCHANGE is a program offered by WPS Health Insurance that allows clinical staff to submit prior approval requests for inpatient and outpatient services electronically to WPS using the Internet.

Some of the benefits of iEXCHANGE include:

- Direct electronic submission
- Daily feedback from WPS
- Assignment of a Case ID number
- Monitoring the status of the request (i.e. Auto-approval; Pended for review)
- Communication with WPS staff through iEXCHANGE
- Alerts when the case has been updated
- Ability to "cut-and-paste" medical records to iEXCHANGE
- Ability to print requests/approvals for the provider

By giving contracted Providers access to iEXCHANGE web, we will improve the communication and collaboration with our provider community. You will be able to see the benefits of automating what is now a manual process. We look forward to working with you and your staff. To access iEXCHANGE you will need a User ID, password, and an iEXCHANGE ID.

If your office is new to iEXCHANGE and needs an initial administrator account, please contact WPS by: emailing ixchange@wpsic.com or use the "Contact iEXCHANGE Staff" link from our website at <http://www.wpsic.com/ixchange/> or call **1-800-333-5003** and ask for an iEXCHANGE representative.

Pharmacy Information

Please refer to the Pharmacy Information section on the WPS website: <http://www.wpsic.com/providers/pharmacy/index.shtml>

For a list of the recommended preauthorization Drug list, please refer to <http://www.wpsic.com/files/drugpreauth.pdf>

Services Not Currently Reimbursed:

Anodyne therapy	ESWT (extracorporeal shockwave therapy for plantar faciitis)	Magnetic resonance spectroscopy (MRS)
Antineoplaston cancer therapy	Experimental/investigational procedures	Nucleoplasty
Autologous Cell Therapy	IDET (intradiscal electrothermal therapy)	Percutaneous disc decompression
Coblation	Infrared therapy used to treat wounds or ulcerations	Prolotherapy
Chondrocyte implantation	IVIG for repeated spontaneous abortion	Racz catheter
Cold therapy	Jas splints	Rhinoplasty
Coronary calcium screening/ultra fast CT	Knee meniscus transplant	Salivary hormones
Cosmetic services	Kyphoplasty	Sublingual antigens
Craniosacral therapy	Laser assisted uvuloplasty (LAUP)	T-alternans testing
Disc replacement	Laser disc decompression	TriVex
Ductal lavage	Lysis of epidural lesions	Vagus nerve stimulator for depression
Epidural neuroplasty		Vertebroplasty

Durable Medical Equipment (DME) which ARE recommended for Pre-Authorization

- Equipment purchase or repair with billed charges over \$500
- Equipment rental with total billed charges over \$500/month or rental exceeding 3 consecutive months
- Extremity prosthetics with billed charges over \$1000
- Electric or motorized wheelchairs/scooters and all specialized wheelchair equipment

Services/Procedures which ARE recommended for Pre-Authorization

Behavioral Health Services:

Treatment for combinations after the 20th visit:

- Intensive outpatient treatment
- Day treatment
- Transitional Care

Residential Care

Neuropsychological testing

Please refer to the following forms:

<http://www.wpsic.com/files/25682-outpatient-behavioral-treatment-form.pdf>

http://www.wpsic.com/providers/files/24960_BH_Form.pdf (**Neuropsych testing)

Gastrointestinal tests:

Capsule endoscopy

CT colonoscopy

Genetic Testing for evaluation of:

Canavan Disease

Congenital Profound Deafness

Cystic Fibrosis

Factor V Leiden Thrombophilia

Familial Adomatous Polyposis Coli

Gaucher Disease

Hemoglobinopathies

Hereditary Hemochromatosis

Hereditary Non-Polyposis

Colorectal Cancer

Long QT Syndrome

Mitochondrial Disorders

Myotonic Dystrophy

Niemann-Pick Disease

Prothrombin Thrombophilia F2

Retinoblastoma

Medullary Thyroid Cancer and Multiple

Endocrine Neoplasia Type 2 RET testing

Breast and Ovarian Cancer Susceptibility

Tay-Sachs Disease

Von Hippel-Lindau Disease

Home Care Services:

Enteral or nutritional therapy

Home infusion services

Home therapy services

Hospice

Skilled nursing visits

Non Surgical Services and Supplies for Management of Sleep Disorders:

Sleep studies (polysomnograms)

CPAP titration studies

MSLT

CPAP, BiPAP, AutoCPAP

Other Services:

Acupuncture

Allergy testing

- Rast testing >50 tests

Apheresis

Chelation therapy

Cochlear implants

Computerized Corneal topography

Cranial orthotics

Dialysis treatment

External counterpulsation

Hyperbaric treatments

Infertility testing and treatment

Non-emergent ambulance transfer

Obesity services

Plasmapheresis

Transplant Evaluations

Vagus nerve stimulation

Pain Management Services:

Denervation

Epidural injections

Facet joint injections

Insertion of pain pump

Medial branch nerve blocks

Neuroablation

Radiofrequency ablation

Rhizotomy

Sacroiliac joint injection

Selective nerve root block

Spinal cord stimulators

Trigger point injection

Radiology studies:

Coronary CT angiogram (CCTA)

Magnetic Resonance Spectroscopy (MRS)

Magnetic resonance angiography (MRA)

Positron emission tomography (PET scan)

Surgical Procedures:

Abdominoplasty

All spinal surgeries

Bariatric surgery

Blepharoplasty

Breast augmentation

Surgical Procedures cont.:

Breast reduction

Canthoplasty

Chondrocyte implantation

Dental osteotomies

Excision of excess skin

Facial reconstruction procedures

Gastric bypass

Gastroplasty

Knee Meniscus transplant

Kyphoplasty

Lipectomy

Osteochondral grafting

Outpatient Joint replacement

Panniculectomy

Pneumoplasty

Removal of excess fat

Rhinoseptoplasty

Roux-en-Y

Transmyocardial revascularization

Uterine artery embolization

Uvulopalatorpharyngoplasty (UPPP)

Vertebroplasty

Therapies:

Biofeedback

Chiropractic services after the 6th visit

Infrared therapy

Physical therapy & occupational therapy

after the 6th visit

Speech therapy after the initial evaluation

Vision therapy

Varicose Vein Treatments:

Endovenous laser ablation (EVLA)

Radiofrequency ablation

Sclerotherapy

Transdermal laser therapy

Transilluminated phlebectomy

Vein stripping

VNUS

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