

# Provider Referral and Prior Authorization

## Quick Reference Guide

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### Identifying In-Network Providers

Why	Referrals can only be made to participating MoreCare providers or specialists*
Where	Online Provider Directory
How	<ol style="list-style-type: none"><li>1. Visit <a href="http://www.mymorecare.com">www.mymorecare.com</a></li><li>2. Click 'Find Providers' tab under menu</li><li>3. To use find a provider tool, click 'View Providers' or 'View Dental and Vision Providers' – <i>can also choose "Download English/Spanish" to download a PDF of the Provider Directory</i></li><li>4. Use selection criteria to find providers in your patient's area</li></ol>
Questions	Call our Provider Services Department at <b>(844) 865-8033</b>

\*Unless the necessary service is not available from participating MoreCare practitioners. Note: out-of-network service request requires prior authorization submission for review (see p.2)

### In-Network Hospitals\*

Advocate Christ Hospital & Medical Center	Holy Cross Hospital
Advocate Condell Medical Center	J.H. Stroger Hospital of Cook County
Advocate Good Shepard	Methodist Hospital of Chicago
Advocate Illinois Masonic Medical Center	Mt Sinai
Advocate Lutheran General Hospital	Northwest Community Hospital
Advocate Sherman	Provident Medical Center
Advocate South Suburban Hospital	Schwab Rehabilitation Hospital
Advocate Trinity Hospital	Swedish Covenant Hospital

\*As of 2/3/2021

## Submitting Prior Authorization (PA) Requests

Who	May be obtained by the Member's PCP or from a treating specialist or facility to which they were referred
Why	Allows for efficient use of Covered Services and ensures that Members receive the most appropriate level of care in the most appropriate setting
When	Required when the service is: <ol style="list-style-type: none"> <li>1) Requested to be rendered by an Out-of-Network Provider* OR</li> <li>2) Required by the Health Plan to have Prior Authorization—<u>list is attached at the end of this document or in the online provider manual</u></li> </ol>
How	Providers may submit requests for authorization by: <ul style="list-style-type: none"> <li>• Online through the Secure Provider Portal <a href="https://morecare.valence.care/">https://morecare.valence.care/</a></li> <li>• Fax: (888) 522-6952</li> <li>• Phone: (844) 865-8033</li> <li>• Mail at P.O. Box 21994, Eagan, MN 55121</li> </ul> Printable form: <a href="#">MoreCare PA Form</a>
What	It is necessary to include the following information on the request: <ul style="list-style-type: none"> <li>• Requestor and Patient Information</li> <li>• Rendering Provider Information, including NPI &amp; TIN</li> <li>• Service type and/or Procedure Information</li> <li>• Relevant Clinical Information</li> </ul>
Questions	Call our Provider Services Department at <b>(844) 865-8033</b>

\*PA request is used when the provider takes 100% Medicare rates. If the provider does not accept 100% Medicare and requires other compensation terms, a Single Case Agreement is used in lieu of a PA.

## References:

### 2021 List of Services Requiring Prior Authorization

Services	Require Auth?	Notes
<b><i>Inpatient – Elective Admissions or Surgeries</i></b>		
Acute	Y	
Long-Term Acute	Y	
Mental Health Care	Y	
Rehabilitation	Y	
Skilled Nursing Facility	Y	
<b><i>Select Outpatient</i></b>		
Advanced Imaging - CT/CTA, MRI/MRA, PET/SPECT, Nuclear and Blood services	Y	Except when performed during emergency service or approved inpatient admission
Bariatric Surgery	Y	
Cochlear Implants	Y	
Cosmetic and Reconstructive Procedures	Y	
Dental Anesthesia	Y	
Hyperbaric Oxygen Therapy	Y	
Intensive Cardiac and Pulmonary Rehabilitation Services	Y	
Lab Services	Y (see exception)	Except those services performed by contracted lab and those allowed in a participating physician's office
Outpatient Hospital Observation and Services	Y	
Outpatient Psychiatric Treatment	Y	Psychiatric treatment provided as a hospital outpatient service or by community mental health center requires prior authorization
Outpatient Rehabilitation Services	Y	
Outpatient Surgical Procedures	Y	
Sleep Studies	Y	
<b><i>Chemotherapy</i></b>		
Chemotherapy	Y	
Radiation Therapy and Radiosurgery	Y	
<b><i>Transplant</i></b>		
Transplant	Y	
Transplant Evaluations	Y	
<b><i>Durable Medical Equipment (DME) and Ancillary</i></b>		

Continuous Glucose Monitors	Y	
CPAP-Sleep Apnea Treatment	Y	
DME, Corrective Appliances	Y	Required for all DME items with a purchase price greater than \$500 or \$38.50 per month, if rented
External Insulin Pumps	Y	
Negative Pressure Wound Therapy	Y	
Prosthetics and Related Supplies	Y	
<b>Home Health Care</b>		
Home Health	Y	
Home Infusion	Y	
Pain Management / Palliative Care	Y	
Parenteral Nutrition	Y	
<b>Other</b>		
Ambulance - Non emergent	Y	
Air transportation - Non emergent	Y	
Dialysis Services – Non emergent	Y	
Experimental and Investigational	Y	
Genetic Testing	Y	
Medicare Part B Rx Drugs	Y	
Out of Network Services	Y	Except Emergency and urgently need services
Therapy (Physical/Occupational/Speech)	Y	After the initial evaluation and 4 <sup>th</sup> visit
Chiropractic Services	Y	After initial evaluation and 4th visit
Podiatry Services	Y	

**Note:** A referral for services from a contracted PCP to an Out of Network Provider requires prior authorization. These are the most commonly used services requiring prior authorization. Other services not on the list may require prior authorization.

### Non-Covered Services

Services not covered by the plan are listed in the EOC. You can access this anytime at [mymorecare.com](http://mymorecare.com).