

Updated Only for Logo and Branding

Provider Notice

To: All HealthChoices Providers
Date: October 21, 2002
Subject: AD 02 012 EVS and Authorization Requirements
Original Issue Name "AD 02 #12 Provider Info EVS and Auth Requirements"

EVS and Authorization Procedures

At this point, it is our expectation that all providers are consistently following preauthorization procedures as they have been defined in Provider Info's. Please be sure that your new staff orientation includes an overview of preauthorization requirements so that they are also aware of the expectations.

Some important items to keep in mind are mentioned below.

- 1) For requests for routine, non-emergent care, PerformCare Clinical Care Managers have two business days to evaluate a request for authorization for all levels of care except for mental health and drug and alcohol outpatient. MH and D&A Outpatient require notification via an authorization request within 72 hours of the first appointment. For other levels of care and non-emergent services, the provider may not begin services without authorization or they will not be compensated for unauthorized service.
- 2) If a person presents with no insurance or indicates that they have Medical Assistance coverage, check EVS for PerformCare Membership. PerformCare recommends that if there is any doubt, Member Services should be contacted for coverage status.
- 3) If EVS indicates that the Member is not on file or that the Member is covered by fee-for-service, please print the EVS slip and maintain it with the patient file in case EVS displays incorrect information. PerformCare will cover services provided IF the EVS slip or member record verifies that membership status was checked within the appropriate timeframe. It is imperative that a dated copy of the EVS slip or entry in member record be maintained for reference. If services are not authorized as requested due to an eligibility issue, a copy of the EVS slip or evidence from member record should be provided along with a written request for reconsideration to your Provider Relations Representative.
- 4) If services have been denied for medical necessity, you may send the Member's medical record to PerformCare Medical Director, 8040 Carlson Road, Harrisburg, PA 17112, to initiate a retrospective review request