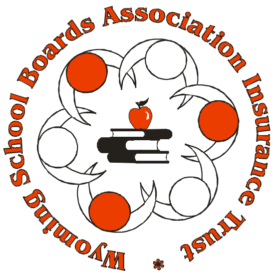


2323 Pioneer Ave. Cheyenne, WY 82001 - Phone (307) 634-1112 - Fax (307) 634-1114

WSBAIT Prior Authorization Information

Your insurance requires prior authorization for certain services. The prior authorization process helps members by ensuring they are receiving appropriate medical care. Through the prior authorization process certain medical services are examined for appropriateness, utilizing evidence-based, nationally recognized medical policies, clinical guidelines and criteria. The prior authorization process is not to determine whether a procedure is a covered benefit under the plan. It is to determine whether something is medically necessary and appropriate.

Examples of services that require a prior authorization:

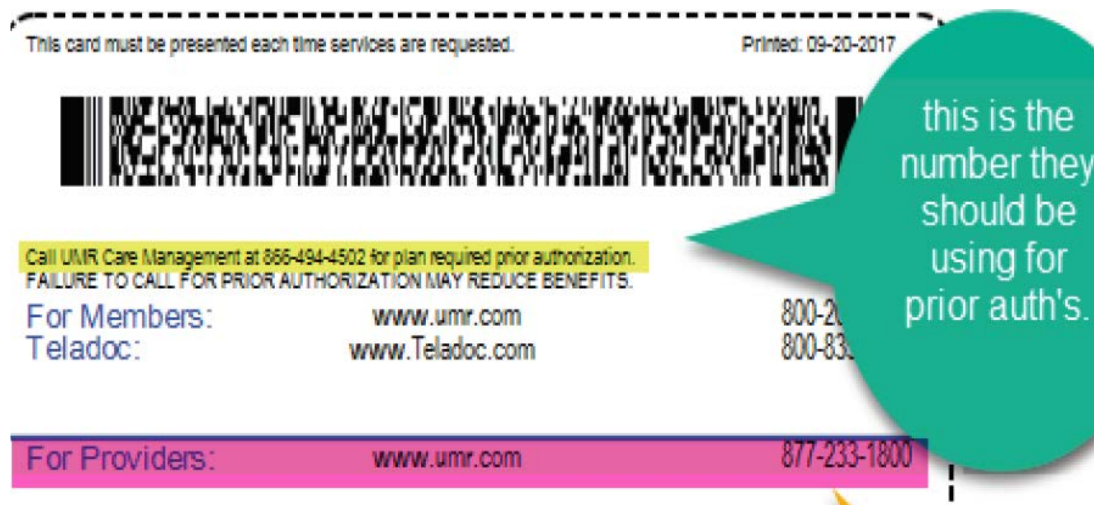
- **Inpatient stays in Hospitals, Extended Care Facilities or residential treatment facilities**
- **Partial hospitalizations**
- **Organ and tissue transplants**
- **Home Health Care**
- **Durable Medical Equipment, excluding braces and orthotics, over $1,500 or Durable Medical Equipment rentals over $500 per month.**
- **Prosthetics over $1000**
- **Qualifying Clinical Trails**
- **Inpatient stays in Hospitals or Birthing Centers that are no longer than 48 hours following normal vaginal deliveries or 96 hours following Cesarean sections.**
- **Outpatient surgical procedures not performed in a Physician's office**

(Please refer to the Care Management section in your Plan Document for more details, or call the UMR customer service line (800-207-3172), located on the back of your insurance card, to verify if your service requires prior authorization)

- **The prior authorization process should begin at least two weeks before the scheduled procedure. There may be times that a two-week timeframe is not possible because of the urgency of the procedure or because of scheduling reasons. If that situation arises it is important that your provider's office notify UMR at the time the precertification is done.**

- **A prior authorization request deemed urgent is completed within 72 hours, and a non-urgent request is completed in less than 15 days per URAC guidelines.**

- **Providers are to call the number on the back of the insurance card to request prior authorization. The number highlighted in yellow is the provider prior authorization number. 866-494-4502. See below.**



- **Please be aware the prior authorization letter that a member receives is not a guarantee of benefits (this is stated in the letter). There have been situations where services have been billed that were not requested by the provider during the initial prior authorization.**

- **If you need assistance with verification of benefits, please call the UMR customer service line. 800-207-3172 (located on the back of your insurance card)**