

Prior authorization (PA) requests should be submitted on an Alterwood Prior Authorization form along with sufficient clinical documentation via fax at 410-801-5701. PA forms can be found at:  
<https://www.alterwoodadvantage.com/for-providers/>

To ensure timeliness of a PA request, documentation submitted shall include, but is not limited to: completed preauthorization form, treatment received to date, current medical health status and/or proposed treatment plan.

### Out of Network

All services rendered Out-of-Network (OON) require prior authorization. Members should speak with their PCP before seeking OON care unless it is a medical emergency.

### Services Requiring Prior Authorization

Authorizations are subject to eligibility requirements, benefit plan limitations, and assume that providers will submit claims with codes billable under the current Medicare Fee Schedule. Products and services not covered by Medicare are not eligible for payment. For more details of each service listed below refer to our Prior Authorization Code List located at - <https://www.alterwoodadvantage.com/for-providers/>.

Cellular and Gene Therapy	Diabetic test strips and lancets above the CMS defined quantity limits	DME/POS (greater than \$500, including rentals and repairs)
Home Health (after 10 visits)	Genetic Testing	Genomic Sequencing
Implants, including certain skin grafts	Inpatient Admissions (All elective and nonemergent admissions, including skilled nursing facility and long-term care facility)	Nuclear Medicine
Observations (greater than 48 hours not resulting in an inpatient admission)	Other Specialized Diagnostics and Treatments	Pain Management Treatments (where an alternative method is available without a PA)
Radiological Services not associated with a procedure* and performed in a hospital setting.	Rehabilitative Services/OT/PT/ST (greater than 12 visits within 90 days)	Reconstructive and skin/vein treatments that may be considered cosmetic
Specialty drugs, infusions, and other medications administered by a healthcare provider (Part B covered) that have a biosimilar or generic**	Transplants and Transplantation Medicine	Transportation (when non-emergent)

<b>Other: T and U Codes</b>	Alterwood Advantage does not cover HCPCS that end with a T or U that are considered investigational or experimental outside of a CMS approved clinical trial.	
<b>Delegate Call Centers</b>	Behavioral Health (Optum): 866-340-0639 Dental (DentaQuest): 866-340-0813 Hearing (Nations): 866-340-0492 Pharmacy/Part D PAs (Elixir): 866-267-3144	OTC (Nations): 866-340-0627 Transportation, Routine: 866-340-0665 Vision (EyeMed): 866-340-0753
<b>Important Notes</b>	<ul style="list-style-type: none"> <li>- For members who are enrolled in the Dual Special Needs Plan (Medicare and Medicaid), products and services not covered by Alterwood may be covered by Medicaid. Refer to Member's Evidence of Coverage for a description of covered and non-covered services.</li> <li>- Alterwood reserves the right to perform retrospective reviews to validate coverage and medical necessity based upon CMS, NCA, NCD, LCD, or MCG and to ensure quality services are rendered.</li> </ul>	