Prior Authorization Form

LWWA Prior Authorizations Now Available on Availity

Reminders for LifeWise Prior Authorizations

- ✓ Submitting prior authorizations through Availity gives you the fastest response.
- ✓ LifeWise secure tools transition to Availity on September 10.

Get all the complete details below.

Get a Faster Response Using Availity for Online Submission

You can now access online prior authorizations for LifeWise members through Availity and **get faster responses compared to faxed requests**. Highlights include:

- Submit inpatient and outpatient prior authorizations and get real-time status updates with the Auth/Referral Inquiry Tool
- View the Auth/Referral Dashboard to filter requests and check status
- Use the Code Check tool to see if prior authorization is required
- Save drafts automatically in your dashboard for 18 months
- Attach required documents to your request (up to 10 files)

LifeWise Secure Tools Transition to Availity on September 10

The following secure tools **will no longer be available** on the LifeWise secure provider website as of September 10:

- Eligibility and benefits
- Prior authorization and status
- Claims and payments
- o Electronic funds transfer (EFT) includes enrollment and cancellation

Get a head start and begin using Availity now so that your office staff is up to speed on all things Availity **by September 10**.

Visit https://apps.availity.com/availity/Demos/LP_AP_GetStarted/index.html to register with Availity and get training.

NOTE: Plans <u>not</u> served through Availity for prior authorizations:

Individual Plans (use Evolent secure portal)

Medicare Advantage Plans (use Advantasure secure portal)

More information

Watch a recorded webinar to learn how to use Availity's prior authorization tool.

For providers:

Utilization Review | LifeWise

Note: Unless specifically requested elsewhere in this document, do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.

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PRE-SERVICE/
PRIOR AUTHORIZATION
REVIEW REQUEST – DME

Complete and fax to: 800-843-1114 (Handwritten faxes not accepted.)



HOME MEDICAL EQUIPMENT/PROSTHETICS/ORTHOTICS

MEMBER/PATIENT	Date of Birth			
Member ID Suffi	x Group #			
REQUESTING PROVIDER:	SERVICING PROVIDER:			
Address:	Address:			
City/State/ZIP:	City/State/ZIP:			
Phone: Fax:	Phone: Fax:			
Contact person:	Contact person:			
Tax ID (required):	Tax ID (required):			
NPI # (if available):	NPI # (if available):			
URGENT REQUEST PLEASE NOTE: Scheduling issues do not meet the definition Urgent requests must be signed and include supporting document for making a non-urgent determination could: • Seriously jeopardize the life/health of the patient or the able Seriously jeopardize the life, health or safety of the member health consequences without the requested care or treatment attest that this request meets the urgent definition described about the requested care or treatment attest that this request meets the urgent definition described about the requested care or treatment attest that this request meets the urgent definition described about the requested care or treatment attest that this request meets the urgent definition described about the requested care or treatment attest that this request meets the urgent definition described about the requested care or treatment attest that this request meets the urgent definition described about the requested care or treatment attest that this request meets the urgent definition described about the requested care or treatment attest that this request meets the urgent definition described about the requested care or treatment attest the urgent definition described about the requested care or treatment attest the urgent definition described about the requested care or treatment attest the urgent definition described about the requested care or treatment attest the urgent definition described attention at the requested care or treatment attention at the requested care or treatment attention at the requested care or treatment at the urgent definition described at the requested care or treatment at the r	tation from the provider's office, noting that standard timeframes ility to regain maximum function, or er or others, due to the member's psychological state, or 's medical or behavioral condition, subject the patient to adverse tent.			

HCPCS Code	Requested Item	Quantity	Purchase Price	Or Rental Fee	Length of Rental
TICFCS Code	Requested item		FIICE	Kentarree	Nentai

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