This is an update about information in the provider manual. For access to the latest manual, go online to www.UniCare.com.

**Update: prior authorization required on claims**

**Submission of medical records not accepted in place of prior authorization**
UniCare Health Plan of West Virginia, Inc. (UniCare) appreciates all you do for our members — your patients. We’re always looking for ways to improve our processes to make them accessible and useful as you provide care to our members.

To streamline the claims process and ensure eligible claims are processed in a timely manner, effective April 1, 2017, we will no longer accept and review claims with medical records attached in place of required prior authorization (PA).

If a claim for a service requiring PA is received with medical records attached in place of required PA, the claim will be denied for lack of PA.

**Appealing a claim denied for lack of PA**
Should you elect to appeal a claim that has been denied for lack of PA, administrative denial will be upheld through appeal unless you notify us that the service under review is/was a true medical emergency. If the appealing provider informs us the denied claim relates to a true medical emergency, only then will a clinical review of the medical records attached to the claim be performed. If the appealing provider does not note that the denied claim relates to a true medical emergency, no clinical review will be performed, and the denial will be upheld for lack of PA.

**PA required for certain services**
Certain services require PA from our Utilization Management department. To determine which services require PA, use our online PA tool on the Provider Resources page:

2. Under OTHER UNICARE WEBSITES, select Providers.
3. Under Resources for, select State Sponsored Plan providers.
4. Choose West Virginia – Medicaid Managed Care in the main column.
5. Once the Provider Resources page loads, locate the Authorization and Preservice Review section.

Other PA resources, including the Request for Authorization form, are located in the Authorization and Preservice Review section. The Request for Authorization form can be printed from the site and faxed to Utilization Management at 1-855-402-6983. PA requests can also be made over the phone by calling Utilization Management at 1-866-655-7423.

**Certain exceptions apply**
There are certain exceptions to the PA requirement for claims submitted for reimbursement.
Professional and facility claims for emergency services are not denied due to lack of PA; emergency services are determined by diagnosis codes and/or services billed.

**Listing the PA approval number on the claim speeds processing**
Once you have received PA, please remember to include the PA approval number on the claim form you submit to us for reimbursement. If using the **CMS-1500** professional claim form, enter the PA number in box 23. If using the **CMS-1450 (UB-04)** institutional claim form, enter the PA number in box 63.

It’s important to include the PA approval number on your claim submission. If the PA approval number is not included, the claim will be processed manually. Manual processing slows both the approval of the claim and your payment.

**Contact us for more information**
You may continue to request PAs, report medical admissions or ask questions regarding PAs by calling Utilization Management at **1-866-655-7423**.

If you have questions about this communication, received it in error or need additional help, contact your Provider Relations representative or call our Customer Care Center at **1-800-782-0095**.