

How to Obtain Prior Authorization

Providers can submit a prior authorization requests via:

- Portal: Provider portal (registration is required)
 - This is the preferred and recommended option for submission. Available 24/7.
- Fax: Complete the Prior Authorization Request Form and fax to 586-693-4768, with clinical documentation to support the request.
- Phone: Initiate a prior authorization by calling 844-217-8191 and fax clinical documentation to 586-693-4768.
Please Note: Prior authorization requests cannot be processed without supporting clinical documentation.

Information required for prior authorization:

- All fields on the PA form or portal request screens must be completed.
- Relevant clinical documentation to support the request must be submitted. For example: signs, symptoms, history, interventions, diagnostic test results, consultant/specialist recommendations (if applicable), treatment plan, discharge plan, or other pertinent medical information.

Notification Timeline	
Type of Service	When will Provider Receive Notification of Decision
Elective Outpatient and Inpatient	<p>Within 14 calendar days of receipt of all necessary information</p> <p><i>*When all necessary clinical information is received, cases are usually completed within 2-5 days</i></p>
Urgent (Expedited) Outpatient and Inpatient	<p>As soon as possible - not later than 72 hours</p> <p><i>*When selecting this option, you attest that applying standard review timeframes may seriously jeopardize the member's life, health, or ability to regain maximum function or subject the member to severe pain that cannot be adequately managed.</i></p>
Inpatient (Emergent)	<p>24 hours from receipt of all necessary clinical information</p>

Please note:

- Prior authorization determinations are based on medical necessity
- Prior authorization approval is not a guarantee of payment
- Payment is based on benefits and eligibility at the time of service
- Prior authorization requests are assigned a reference number for ease of tracking

Questions?

- Questions regarding enrollment or procedures that require prior authorization should be directed to the SmartHealth Customer Service Department at (888) 492-6811. (Hours of operation are 8:30am-4:30pm EST) Monday-Friday, excluding holidays.
- Questions regarding authorization status or to initiate prior authorization please contact Utilization Management at (844) 217-8171. (Hours of operation are 8:00am-5:00pm EST) Monday through Friday. A confidential voicemail and provider portal are available after hours, during holidays and on the weekends for emergent requests.