



## How To Obtain an Authorization

Medical Management is performed by the SmartHealth Medical Management Department. Medical Management Specialists (registered nurses) review and assess the clinical information used to support reasonable necessity for a requested medical service. The Medical Director, a licensed physician, will review adverse benefit determinations. The requesting provider and physicians from appropriate specialty areas, if necessary, are consulted to assist in making determinations of reasonable necessity.

All medical services requiring an authorization can be requested by: 1) utilizing the SmartHealth Pre-Authorization Form; or 2) contacting the SmartHealth Medical Management Department at **(800) 869-8388** and choosing the appropriate menu option.

Hours of operation are **8:30 a.m. to 4:30 p.m., Monday through Friday, excluding holidays.** A confidential voice mail is available when staff are assisting other providers or after hours and on weekends.

FAX #: (586) 753-0981

**Information required for authorization:**

- ✓ Demographic: patient name, insurance plan, insurance plan ID #, date of birth
- ✓ Diagnosis (ICD-9)
- ✓ Requesting Provider Name
- ✓ Requested service (CPT and/or HCPCS codes) and location
- ✓ Dates-of-service (if applicable)
- ✓ Relevant clinical information: signs, symptoms, history, diagnostic test results, consultant recommendations (if applicable), plan of treatment (CPT codes)
- ✓ Contact person, telephone and fax numbers

**Procedure:**

Type of Service	Party Responsible for Requesting	Request is to be Made	Notification of Decision
Elective	Requesting Provider	48 hours prior to date-of-service	Within 15 calendar days of obtaining all necessary information
Urgent/Emergent	Requesting Provider	Within 24 hours	As soon as possible, or not later than 72 hours

All authorizations are approved *pending* benefits and eligibility on the date of service and are not a guarantee of payment. Each authorization is given a tracking number for ease of reference. All elective authorizations are valid for three (3) months from the date of authorization by the medical management staff (authorizations for transplants are valid for twelve [12] months).