



Quick Reference Guide

SUMMARY OF AUTHORIZATION HIGHLIGHTS AND UPDATES
2021



Health Options is pleased to present a summary of 2021 Utilization Management updates to assist Member, provider and broker understanding of changes that will be implemented on 1/1/2021. This summary is a high-level overview, and it is not intended to be all inclusive. For more detailed information, please see Health Options Prior Approval & Notification forms located on our website at HealthOptions.org. If you have any questions, please contact Health Options Member Services at (855) 624-6463, Monday-Friday 8AM-6PM (except holidays).

2021 Utilization Management Updates	
Item	Description
eviCore services	All services currently delegated to eviCore will be processed by Health Options as of 1/1/2021
Physical, Occupational, and Speech Therapy	No Prior Approval requirement for outpatient physical therapy, speech therapy, or occupational therapy <ul style="list-style-type: none"> • 60 combined visit annual benefit limit • Home Health PT/ST/OT still require Prior Approval
Breast Ultrasounds	No Prior Approval for unilateral breast ultrasound <ul style="list-style-type: none"> • Example: abnormal mammogram or suspected mass in one breast • Bilateral breast ultrasounds still require Prior Approval
NEW* Adverse Utilization Management Decisions	Clarifies Utilization Management adverse decisions (administrative, medical necessity and benefit) <ul style="list-style-type: none"> • Available on our website (www.healthoptions.org/provider/resources) • An administrative denial will be issued when plan requirements are not met <ul style="list-style-type: none"> ○ Examples: <ul style="list-style-type: none"> ▪ Requests for services are submitted outside of designated timeframes ▪ Requests from non-accredited facilities

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes. Providers should reference the Provider Portal or call Member Services for specific benefit coverage. All benefits listed are subject to Member Benefit Agreement or plan document, contract terms and medical review. Effective 1/1/2021.



	<ul style="list-style-type: none"> • Administrative denials are not eligible for reconsideration, but they are eligible for Appeal • Updated Prior Approval forms are posted on our website December 1st each year
<p>Online Authorization Submissions:</p>	<p>The provider portal is a secure entry point that is accessible 24 hours a day, seven days a week for submission of Prior Approval requests.</p> <p>Health Options is building the capability for real time approvals of targeted services effective January 1, 2021.</p> <p>How to access:</p> <ul style="list-style-type: none"> • Go to HealthOptions.org • Select “Sign in” option at the top right • Choose Provider Login • Add username and password if a registered user <p>If you are not registered:</p> <p>Follow the registration process explained within the portal or call 207-402-3347 for assistance. You will be required to present a paid claim number within the past 60 days and to verify your tax identification (TIN) to create an account</p> <p>Questions? Email: Provider@healthoptions.org</p>