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| **WVSA 2023 PRIOR AUTHORIZATION CHART**  **N = Notification | PA = Prior Authorization** | | |
| **Clinical Services** | **Action** | **Notes** |
| Out of Network | **PA** | **ALL OUT OF NETWORK SERVICES REQUIRE A PRIOR AUTHORIZATION.** |
| **In Network Services Requiring Prior Authorization or Notification** | | |
| Ambulatory Surgical Center (ASC) Services | **PA** |  |
| Cardiac and Pulmonary Rehabilitation | **PA** |  |
| Chiropractic Services | **PA** |  |
| Dental Services | **PA** | Preventive dental services (such as cleaning, routine dental exams, and dental x-rays), tooth repair and/or replacements are not covered by Original Medicare nor WVSA. |
| Diagnostic Outpatient Services   * *Imaging* * *Diagnostic Testing and Procedures* |  | No authorization is required for X-Ray or Ultrasound when services are rendered in a Nursing Facility or Physician Office.  Lab services do not require authorization for any place of service. |
| Dialysis Services | **PA** |  |
| Durable Medical Equipment/Supplies | **PA** |  |
| Emergency/Urgent Services | **N** | Notification within one business day to the healthplan; please call WVSA customer service (1-844-854-6888). |
| Hearing Aids | **PA** | Benefit maximum is up to $1,300 credit for both ears combined every three years for hearing aids. Additionally, please call WVSA customer service (1-844-854-6888) to verify benefit availability prior to rendering services. |
| Home Health Services | **PA** |  |
| Inpatient Hospital Stay | **PA** |  |
| Mental Health Specialty Services | **PA** |  |
| Non-Emergency Medical Transportation   * *Ground* * *Air* | **PA** |  |
| Observation Hospital Stays | **N** | Notification within one business day to the healthplan; please call WVSA customer service (1-844-854-6888). |
| Outpatient Rehabilitation Services   * *Occupational Therapy Services* * *Physical Therapy Services* * *Speech Therapy Services* | **PA** |  |
| Outpatient Hospital Stay or Outpatient Surgical Services | **PA** |  |
| Opioid Treatment Services | **PA** |  |
| Partial Hospitalization | **PA** |  |
| Part B RX Services/Home Infusions | **PA** |  |
| Prosthetics/Orthotics | **PA** |  |
| Substance Use Disorder Services | **PA** |  |

**To Download the WVSA Prior Authorization Form, go to;** [**https://www.wvsenioradvantage.com/providers-partners/**](https://www.wvsenioradvantage.com/providers-partners/)

**To Submit WVSA Prior Authorizations online, go to: WVSA Provider Portal:** [**https://wvsaprovider.prod.healthaxis.net/**](https://wvsaprovider.prod.healthaxis.net/)

**Need Assistance? Please reach out:** [**WVSA.Provider.Network@chs-corp.com**](mailto:WVSA.Provider.Network@chs-corp.com) **| 1-844-854-6888**

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