Prior Authorization/Notification Requirements

wellsense.org | 855-833-8125

This document, outlining common services that require prior authorization or Plan notification, is for use by participating WellSense and WellSense Medicare Advantage providers.

The Plan and contracted vendors evaluate requests for covered services and determines medical necessity through the use of InterQual® criteria (nationally recognized commercially purchased), American Society of Addiction Medicine criteria (The ASAM Criteria®), or internal medical policies that are evidence-based.

Starting 06/01/26 the plan will follow InterQual® 2026 criteria sets. Going forward the plan will implement InterQual® updates immediately upon notice from Optum.

Prior authorization/notification requirements apply to Plan products (WellSense Medicaid and WellSense Medicare Advantage HMO) as indicated by the symbol ♦.

Prior to scheduling a service, providers should refer to the Member Handbook for the member's plan, the Provider Manual and the applicable Medical Policy or Reimbursement Policy for coverage and/or processing requirements for the service in question.

NOTE: The guidelines included in Plan policies on www.wellsense.org are applicable to members enrolled in WellSense Medicare Advantage *only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD)* on the date of the prior authorization request.

Check the Lookup Tool for Prior Auth requirements for specific CPT and HCPCS codes.
These documents and tools can be found on the Plan's website www.wellsense.org.

If the requested service is of a medically urgent nature, as defined in the Provider Manual Section 8.9, please indicate "URGENT" on your request.
Emergent admissions and observation notifications need to be faxed to **1-866-813-8607**.

If you have any questions, please contact the Plan's Prior Authorization Department at: **877-957-1300** for requests regarding
Behavioral Health Services and Authorizations and Notifications other than Pharmacy

WellSense HEALTH PLAN

Behavioral Health Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Acute Treatment Services (ATS 3.7)	Notification; Servicing Facility	♦	♦	Not a covered benefit	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Applied Behavior Analysis (ABA)	Prior Authorization; Servicing Provider	♦	♦	♦	InterQual® For New Hampshire Medicaid Member see Medical Policy for additional requirements	Prior authorization required. Complete ABA Prior Authorization form and return via fax or portal for initial and continued services.
Community-Based Support Services	N/A	♦	♦	N/A	Medical Policy	Plan prior authorization, Plan notification, and/or concurrent review are not required
High Intensity Rehabilitation Services (ASAM 3.5)	Notification; Servicing Facility	♦	♦	Not a covered benefit	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Home Health Care	Prior Authorization; Servicing Provider	♦	♦	♦	Medical Policy	Request to initiate services following evaluation at least prior to the first requested DOS Request additional services at least 5 calendar days before requested DOS
Inpatient Psychiatric Services	Notification; Servicing Facility	♦	♦	♦	InterQual®	Notification via portal or fax within 5 calendar days following admission date. Servicing facility should contact their assigned concurrent reviewer for continued care and treatment/discharge planning.

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Inpatient Psych DPU (includes Level 4)	Notification; Servicing Facility	♦	N/A	♦	InterQual®	Notification via portal or fax within 5 calendar days following admission date. Servicing facility should contact their assigned concurrent reviewer for continued care and treatment/discharge planning.
Inpatient Psych Facility (includes Level 4)	Notification; Servicing Facility	♦	N/A	♦	InterQual®	Notification via portal or fax within 5 calendar days following admission date. Servicing facility should contact their assigned concurrent reviewer for continued care and treatment/discharge planning.
Inpatient Psychiatric Facility Services Under Age Twenty-One (21)	Notification; Servicing Facility	N/A	♦	N/A	InterQual®	Notification via portal or fax within 5 calendar days following admission date. Servicing facility should contact their assigned concurrent reviewer for continued care and treatment/discharge planning.
Inpatient Psychiatric Treatment in State-owned New Hampshire Hospital and Hampstead Hospital, and Other State Determined IMD for Mental Illness	Notification; Servicing Facility	N/A	♦	N/A	InterQual®	Notification Required: Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request
Inpatient SUD-Medically Managed (ASAM 4) Detoxification	Notification; Servicing Facility	♦	♦	♦	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Intensive In-Home services for Youth	Prior Authorization; Servicing Provider	Not a covered benefit	♦	Not a covered benefit	Medical Policy	Prior authorization required. Call the assigned reviewer to complete a medical necessity review.

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Low- Intensity Residential Treatment (ASAM 3.1)	Notification; Servicing Facility	♦	♦	Not a covered benefit	ASAM Criteria®	Initial notification within 7 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Out-of-Network Services	Prior Authorization; PCP or Servicing Provider	♦	♦	♦ Not applicable to PPO Product	Medical Policy	At least 5 calendar days before requested DOS
Partial Hospitalization Program	Notification; Servicing Provide	♦	♦	♦	InterQual®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Partial Hospitalization Program (half day PHP)	Notification; Servicing Provider	♦	♦	♦	InterQual®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Partial Hospitalization Program SUD (ASAM 2.5)	Notification; Servicing Provider	♦	♦	♦	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.
Psychological Tests and Neuropsychological Tests	Servicing Provider; See comment	♦	♦	♦	InterQual®	Complete Psychological/ Neuropsychological form and return via fax or portal within 5 business days of initiating services.
Repetitive Transcranial Magnetic Stimulation (rTMS)	Prior Authorization; Servicing Provider	♦	♦	♦	InterQual®	Prior authorization required. Complete rTMS request form and submit via fax or portal.

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Residential Rehab (ASAM Level 3.5)	Notification; Servicing Facility	♦	♦	N/A	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request. For continued stay submit prior to initial notification expiring.
Residential Treatment Services (ASAM Level 3.7)	Notification; Servicing Facility	N/A	♦	N/A	ASAM Criteria®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request. For continued stay submit prior to initial notification expiring.
Residential Treatment Services-Psychiatric	Notification; Servicing Facility	♦	Not a covered benefit	Not a covered benefit	InterQual®	Initial notification within 5 calendar days following admission date. Submit notification via Portal or Fax for initial and continued stay request.

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