



Pre-authorization requirements

Authorization information to establish medical necessity



Overview

The WellSky PAC Advance clinical team utilizes an evidence-based approach to evaluate the most appropriate medically necessary care for each member. This evaluation requires submission of legible medical records pertinent to the services requested by the requestor.

If the medical records or information provided does not provide sufficient detailed information to understand the individual's current clinical status or is illegible, medical necessity for request cannot be established and will result in a denial with a rationale attributed to insufficient medical necessity.

The information below outlines the specific elements within a medical record/chart that are commonly required to establish medical necessity, but is not limited to the listed information.

Initial Prior Authorization Requirements

- Face Sheet/Demographic Information
- History & Physical (H&P)
- PAC Initial/Admission evaluation (Community Referrals only without prior hospitalization)
- PT, OT, ST Evaluations (if applicable/available)
- PT, OT, ST Progress Notes (Notes should be dated within the past 24-48 hours)
- Progress Notes
- Discharge Summary (if applicable/available)
- If Discharge Summary is not available, the following is required:
 - Home Set-up/Prior living situation
 - Caregiver Availability
 - Homebound Status (Home Health Request only)

Concurrent Review/Subsequent Authorization Requirements

- Face Sheet/Demographic Information
- Progress notes – all disciplines