

# Piedmont WellStar HealthPlans

## Quick Reference Guide

### Member Services

Piedmont WellStar Our Care (Commercial)..... **855-869-7137**  
..... TTY **855-250-5604**

### Provider Services

For Claims and Eligibility Inquires, Member Benefits,  
Directory and Web Support

Piedmont WellStar Our Care (Commercial)..... **855-869-7225**

### Provider Relations

For Credentialing/Re-credentialing or Practice  
Additions/Terminations/Address Changes

..... **provider.relations@pwplans.org**

### Medical Management/Prior Authorization

Including drugs covered under the medical benefit

..... **855-514-3680**  
..... Fax **855-431-8762**

### Pharmacy Utilization Management

..... **855-266-0714**  
..... Fax **855-869-7043**  
Pharmacy Prior Authorization..... **866-823-1170**

### Mental Health and Substance Abuse (Magellan)

..... **800-424-4648**

### Routine Vision (Avesis)

Piedmont WellStar Our Care (Commercial)..... **800-843-0558**

### Routine Dental (Avesis)

Piedmont WellStar Our Care (Commercial)..... **800-843-0558**

To verify member eligibility, call Provider Services at **855-869-7225** or access Provider OnLine at **www.pwplans.org**.

Complete listings of laboratory services, radiology services and participating hospitals can be found online at **www.pwplans.org**.

All services may be subject to retrospective review to determine medical necessity.

### Claims Submission Address

PO Box 1039  
Pittsburgh, PA 15230-1039

Electronic Submission: Payer ID 251PD



# Frequently Used Services Requiring Prior Authorization

Inpatient Services	Piedmont WellStar (Commercial)
<b>Inpatient Services</b>	
Hospital Admissions (elective and acute; excludes deliveries)	■
Long-Term Acute Care (LTAC) Admissions	■
Maternity Admissions (beyond standard timeframes)	■
Hospice	■
Rehabilitation Facility Admissions	■
Skilled Nursing Facility (SNF) Admissions*	■
<b>Home Health</b>	
Home Care (after initial visit)*	■
Home Physical/Occupational Therapy (after initial eval)*	■
Hospice	■
Home Infusion	■
Parenteral Nutrition	■
<b>Outpatient Services</b>	
Acupuncture for Nausea and Vomiting	■
Brachytherapy Prostate	■
Chiropractic Services (children under 13 years old)	■
Dental Anesthesia	■
Repeat EGD within 12 months	■
Experimental and Investigational Services	■
Functional Electrical Stimulators	■
Genetic Testing for Long QT Syndrome	■
Molecular Susceptibility Testing for Breast Cancer and/or Ovarian Cancer	■
Molecular-Genetic Testing	■
Occupational Therapy (after initial visit)	■
Oncotype Dx Assay for Breast Cancer	■
Outpatient/Mobile Real Time Cardiac Surveillance Systems	■
Physical Therapy (after initial visit)	■
Pediatric Extended Care Program	■
Proton Beam Therapy	■
Selective Internal Radiation Therapy (SIRT)	■
Speech Therapy	■
Transplant Evaluations (refer to Optum Complex Medical Conditions, 800-847-2050)	■
Wireless Capsule Endoscopy	■
<b>Surgical Procedures</b>	
Any Surgical Procedure requiring Acute Hospital Admission	■
Abdominoplasty/Panniculectomy	■
Breast Reduction (excludes reconstruction related to breast cancer)	■
Cochlear Implants/Osseointegrated Bone Stimulators (BAHA)	■
Extra cranial Carotid Angioplasty with Stenting	■
Lumbar Laminectomy/Hemilaminectomy/Discectomy	■
Lumbar Spinal Fusion	■
Implantable Miniature Telescope (IMT for Macular Degeneration)	■
Neurostimulator (trial and implantation)	■
Pancreatectomy with Autologous Islet Cell Transplantation	■
Reduction Mammoplasty/ Mastectomy for Males	■
Total Ankle Replacement	■
Total Hip Replacement	■
Total Knee Replacement	■
Transcatheter Aortic Valve Implantation	■
Transcatheter Occluder (Amplatzer) for Atrial Septal Defect (ASD)/Ostium	■
Transcatheter Occluders (Amplatzer and Starflex) for Patent Foramen	■
Transplants (Bone Marrow, stem cell, solid organ)	■
Transplant Evaluations (refer to Optum Complex Medical Conditions, 800-847-2050)	■

\*Benefit limits apply

Inpatient Services	Piedmont WellStar (Commercial)
<b>Surgical Procedures (continued)</b>	
Ventricular Assist Devices	■
Vertebral Augmentation (Percutaneous Kyphoplasty)	■
Weight Reduction Surgery	■
<b>Durable Medical Equipment and Ancillary Services</b>	
Durable Medical Equipment >\$500	■
DME Capped Rentals	■
Continuous Glucose Monitoring Systems (long term or interstitial)	■
Cranial Remodeling Orthosis	■
Experimental and Investigational Equipment	■
External Insulin Pumps (for patients under 13 years old)	■
High Frequency Chest Wall Oscillation Devices	■
Lymphedema Pumps and Appliance	■
Microprocessor Controlled Ankle-Foot Prostheses	■
Microprocessor Controlled Knee Prostheses	■
Myoelectric Upper Limb Prosthesis	■
Negative Pressure Wound Therapy	■
Non-Invasive Bone Growth Stimulators	■
Nutritional Products	■
Power Mobility Devices	■
Pressure Reducing Support Surfaces	■
Prosthetics and Related Supplies	■
Specialized Manual Wheelchairs	■
Wearable Cardiac Defibrillator	■
Wheelchair Options and Accessories	■
<b>Mental Health / Substance Abuse</b>	
Behavioral Health Services/Substance Abuse Admissions	■
Partial Hospitalization and Intensive Outpatient Visits	■
<b>Pharmacy</b>	
Injectable Drugs (in physician office; refer to formulary)	■
<b>Other Services</b>	
Any equipment rendered by an out of Network Provider	<b>HMO ONLY</b>
Any non-emergent service rendered by an out of Network Provider	<b>HMO ONLY</b>
Air Transportation, Emergent (authorized retrospectively)	■
Air Transportation, Non-Emergent	■
Ambulance Transfer, Non-Emergent	■
Any Out of Network provider	■
Clinical Trials	■
Humanitarian Device Exemption (HDE) or Investigational Device Exemption (IDE)	■
Outpatient Lab Tests (excludes Capitated Labs)	<b>HMO ONLY</b>
Partial Hospitalization and Intensive Outpatient Visits	■