

How to secure prior authorization

Pre-auth needed tool

Use the pre-auth needed tool on the website to quickly determine if a service or procedure requires prior authorization.

Submit prior authorization requests

If a service requires authorization, submit your request via the secure web portal or by phone.

Secure web portal

www.ascensioncomplete.com

This is the preferred and fastest method.

After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line. Notification of authorization will be returned via phone, fax or web.

Alabama

- Phone: 833-623-0771
- Elective inpatient/outpatient fax: 833-704-0360
- Concurrent fax: 833-704-0362

Florida

- Phone: 833-603-2971
- Elective inpatient/outpatient fax: 844-901-0069
- Concurrent fax: 844-901-0071

Illinois

- Phone: 833-293-5966
- Elective inpatient/outpatient fax: 844-996-0202
- Concurrent fax: 844-996-0204

Indiana

- Phone: 833-525-0824
- Elective inpatient/outpatient fax: 833-713-1469
- Concurrent fax: 833-713-1471

Kansas

- Phone: 833-816-6623
- Elective inpatient/outpatient fax: 844-973-0051
- Concurrent fax: 844-973-0054

Michigan

- Phone: 833-431-1356
- Elective inpatient/outpatient fax: 833-704-0355
- Concurrent fax: 833-713-1405

Tennessee

- Phone: 833-906-2876
- Elective inpatient/outpatient fax: 833-727-0111
- Concurrent fax: 833-727-0113

Texas

- Phone: 833-705-1358
- Elective inpatient/outpatient fax: 833-441-2410
- Concurrent fax: 833-441-2412

See reverse side for a list of services that require prior authorization.

Procedures requiring prior authorization

The following list is not all inclusive. All out-of-network services require prior authorization except emergency care, out-of-area urgent care and out-of-area dialysis. Failure to complete the required authorization or certification may result in a denied claim.

Please visit www.ascensioncomplete.com and use the pre-auth needed tool to check if a specific service or procedure requires prior authorization.

Out-of-network services

All out-of-network (non-par) services and providers require prior authorization, excluding emergency care, out-of-area urgent care or out-of-area dialysis.

Inpatient admissions

- All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admissions including but not limited to:
- Inpatient admission (elective or scheduled)
- Acute rehabilitation
- Behavioral health/substance abuse
- Long term acute care (LTAC)
- Skilled nursing facility (SNF)

Outpatient procedures/services/equipment

- Ambulance: non emergent
- Behavioral health and substance abuse services
- Clinical trials: notification
- Cosmetic procedures
- Drug testing for quantitative tests for drugs of abuse
- Durable medical equipment (DME)
- Experimental/investigational services and new technologies
- Gender reassignment services
- Genetic counseling/testing
- Home health services
- Infertility
- Maternity: notification
- Observation stays greater than 48 hours
- Orthotics/prosthetics
- Outpatient physical, occupational and speech therapy services
- Pain management
- Radiation therapy
- Select Medicare Part B drugs
- Select radiology services
- Select surgeries
- Sleep studies
- Transplants
- Wound care

**Log in to our
secure web portal**

www.ascensioncomplete.com