absolute total care | Healthy Connections

Medicaid Incontinence Supplies Authorization Reminders

Absolute Total Care wants to share some important reminders for our prior authorization requirements for incontinence supplies. Absolute Total Care requires prior authorization as a condition of payment for incontinence supplies. This notification provides clarification on prior authorization requirements and submission methods.

Prior Authorization

What needs to be submitted with a Prior Authorization request for Incontinence Supplies?

- A completed DHHS 168IS Physician Certification of Incontinence (COI) Form must be submitted with prior authorization requests for incontinence supplies. The COI must be signed by the ordering practitioner within a year and requested quantity of supplies within the Medicaid FFS parameters.

What is the authorization period for incontinence supplies?

- Authorizations are typically approved for up to 365 days, and each authorization issued will include specific start and end dates. If the authorization period expires and services are still needed, it is necessary to submit a new authorization request.

How do I submit Prior Authorization requests?

- Providers can login to Availity Essentials or the Secure Provider Portal submit prior authorization requests. Availity Essentials is the preferred option.
- Providers may also fax prior authorization requests as follows:
  - Outpatient Prior Authorization Forms for dual eligible Medicaid members enrolled in Wellcare By Absolute Total Care Dual Align (HMO D-SNP) for Medicare should be faxed to 1-844-503-8866.
  - Outpatient Prior Authorization Forms for all other Medicaid members should be faxed to 1-866-912-3606.
  - Outpatient Prior Authorization Forms can be found by visiting the Provider Manuals and Forms page on the Absolute Total Care website.
- Standard prior authorization requests should be submitted for medical necessity review at least 10 calendar days before the scheduled service delivery date or as soon as the need for service is identified.
- Urgent requests will be reviewed within 72 hours from the time the request has been received. Per the Absolute Total Care Provider Manual, Urgent is defined as “Services furnished to treat a medical condition that requires attention within 48 hours. If the condition is left untreated for 48 hours or more, it could develop into an emergency condition.”
- Non-urgent requests will be reviewed within 7 calendar days from the time the request has been received.

Continuity of Care Period

Absolute Total Care will honor a 90-day continuity of care period for services initiated prior to the member’s enrollment with Absolute Total Care to ensure there is no break in access to covered medical supplies for members.

Accessing Digital Tools

How do I access Availity Essentials?

- Availity Essentials is available to participating and non-participating providers at no charge to the provider.
- Absolute Total Care encourages you to use Availity Essentials for transactions such as verifying member eligibility and benefits, submitting claims, checking claim status, submitting authorizations, and more.
- With an active Availity Essentials account, providers will have immediate access to new health plans and features as soon as they become available.
- If you already work in Availity Essentials, you can log in to your existing Essentials account.
- If you are new to Availity Essentials, getting your Essentials account is the first step toward working with the Health Plan on Availity. Your provider organization's designated Availity administrator is the person responsible for registering your organization in Essentials and managing user accounts. This person should have legal authority to sign agreements for your organization. Visit Register and Get Started with Availity Essentials to enroll for training and access other helpful resources.
- If you need additional assistance with your registration, please call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday, 8 a.m. – 8 p.m. EST.

How do I access the Secure Provider Portal?

- If you are a contracted provider, you can register now to use the Secure Provider Portal.
- If you are a non-contracted provider, you will be able to register to use the Secure Provider Portal after you submit your first claim.
- The user manual is available on the secure portal, after you successfully complete the log in process.
- The Secure Provider Portal will be retired at undetermined date in the future and providers will be notified in advance. Availity Essentials is the preferred tool as it will be in the digital option in the future, but both are available options at this time.

Thank you for your continued participation and cooperation in our ongoing efforts to render the highest quality health care to our members. If you have additional questions, please contact Provider Services or your Provider Engagement Account Manager.