



## **Provider Resource Guide**

Revised: December 2025

*The information in this guide should align with the terms of the agreement(s) between you and Promise Health Plan. However, in the event of any inconsistency between information contained in this guide and those agreement(s), the terms of such agreement(s) shall govern.*

## **Promise Health Plan Network Provider:**

This provider resource guide outlines key plan details for health insurance plans offered by Promise Health Plan. In this guide, you will find information regarding provider support & accessibility, claims and member benefit management, precertification process, and more. We want to ensure that you have all the resources at your fingertips to provide high-quality and efficient care to our members.

To ensure all people we serve live their healthiest lives, Promise Health Plan, a Prisma Health Company, allows health systems and employers to collaborate and coexist to overcome their health insurance challenges. Born in South Carolina, built for our communities, and backed by a Clinically Integrated Network, Promise Health Plan offers employee benefit solutions that are designed to reduce costs, ensure the highest quality care, and provide an exceptional experience.

Details on how to access the information you may need are included on the following pages.

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# Provider Portal

## **Accessing Your Provider Portal**

Login in to your provider portal with Promise Health Plan by either visiting the Providers section of our website at [www.promisehealthplan.com/providers/](http://www.promisehealthplan.com/providers/) or by accessing it directly at [www.myPromiseHealthPlan.com](http://www.myPromiseHealthPlan.com)

## **Portal User Guide**

For assistance in navigating the provider portal, our User Guide can be reviewed at [www.promisehealthplan.com/providers/](http://www.promisehealthplan.com/providers/) by selecting it from the Provider Resources section or accessing it within your links section in the portal.

## **Portal Provider Services**

Access the following provider services within your portal:

- View claims
- Check patient eligibility and benefits
- Submit precertification requests
- Contact Support
- And more

# Claims & Eligibility

## **Accessing Plan Benefits**

Information about member benefits is available through the following channels:

- Promise Health Plan Provider Portal at [www.myPromiseHealthPlan.com](http://www.myPromiseHealthPlan.com)
- Payer ID for Benefits and Eligibility: RP128

## **Verification of Benefits:**

Online verification of benefits can be accessed through Electronic Data Interchange (EDI):

EDI can be used to:

- Verify member eligibility
- Obtain member ID number
- Obtain copay, and YTD deductible amounts
- Obtain Coordination of Benefits (COB) information

Payer ID for Benefits and Eligibility: RP128

**Claims Submission and Timely Payment:**

Please refer to the member's ID card and specific plan benefits information for appropriate submission details for confirmation.

For all claims associated with Promise Health Plan with the Cigna Healthcare Shared Administration PPO Network as the Tier 2 network, send all medical claims to the following address or use the following Payer ID for electronic submission:

Cigna  
PO Box 188061  
Chattanooga, TN 37422-8061

Payer ID for Claims Submission: 62308

For all claims associated with Promise Health Plan with the First Health Complementary Network as the Tier 2 network, send all medical claims to the following address or use the following Payer ID for electronic submission:

Promise Health Plan  
P. O. Box 4278  
Clinton, IA 52733-4278

Payer ID for Claims Submission: RP128

Claims must be submitted within twelve (12) months of the date of service. Non-electronic claims may be submitted on any approved claim form, available from the provider. The claim must be completed in full, with all the requested information. A complete claim must include the following:

- Name of patient
- Patient's date of birth
- Name of employee
- Address of employee
- Name of employer and group number
- Name, address and tax identification number of provider
- Employee Member Identification Number
- Date of service
- Diagnosis and diagnosis code
- Description of service and procedure number
- Charge for service
- The nature of the accident, injury or illness being treated.
- Sufficient documentation, in the sole determination of the Plan Administrator, to support the Medical Necessity of the treatment or service being provided to enable the Plan Supervisor to adjudicate the claim pursuant to the terms and conditions of the Plan.

*CLAIMS WILL NOT BE DEEMED SUBMITTED UNTIL ALL REQUIRED INFORMATION IS RECEIVED.*

Claims will be paid within 30 days from when all necessary information is received.

## **Provider Support**

Promise Health Plan Provider Support is available from 8am-8pm EST, Monday through Friday. You can access support by either giving us a call at one of the numbers below or by accessing support via your portal at the link below. Please also refer to the member's ID card for appropriate support contact information as well.

**Promise Health Plan's Provider Support:** (855) 366-6660  
(For Prisma Health Team Members)

**Promise Health Plan's Provider Support:** (855) 504-6363  
(For Non-Prisma Health Team Members)

**Promise Health Plan Portal:** [www.myPromiseHealthPlan.com](http://www.myPromiseHealthPlan.com)

Promise Health Plan's Provider Support can help you:






- Check claim status
- Submit an administrative appeal
- Get copies of EPPs
- Check a member's Deductible/Out-of-Pocket Maximum Accumulation Status

Promise Health Plan utilizes Luminare Health Benefits, Inc. for Third-Party Administration (TPA) services.

# Sample Member ID Cards

## Sample Member ID Cards for Prisma Health EPO Plan Employer: Prisma Health

### Front:

		855-366-6660 www.myPromiseHealthPlan.com			
<b>Member</b>					
Employer	Prisma Health				
Group ID	P50000				
Employee	EPO SAMPLE				
Employee ID	D20001003				
Plan Name	EPO				
<b>Pharmacy Plan</b>					
RXBIN 004336 RXPCN ADV RXGRP RX24FC		 www.caremark.com Member Services 833-267-0413 Pharmacy Help Desk 800-364-6331			
<b>Medical Plan</b>					
					
		<b>Tier 1: inVio</b>		<b>Tier 2: Cigna</b>	
<b>Primary / Specialty Copay</b>		\$20/\$50		\$40/\$80	
<b>Urgent Care / ER</b>		\$50/\$275		\$50/\$275	
<b>INN Deductible (Indv/Fam)</b>		\$750/\$2,250		\$1,500/\$4,500	
<b>INN Out-of-Pocket (Indv/Fam)</b>		\$4,000/\$8,000		\$6,250/\$12,500	


### Back:

<b>Claims and Eligibility</b>		<b>Notices</b>	
<b>SUBMIT CLAIMS TO</b> Payer ID Number 62308 Mail Cigna PO Box 188061 Chattanooga, TN 37422-8061 Benefits are not insured by Cigna or affiliates. AWAY FROM HOME CARE  Claims and Eligibility Status Inquiry Payer ID RP128 www.myPromiseHealthPlan.com <i>This card does not guarantee eligibility or payment.</i>		<b>MEMBER NOTICE</b> Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular business day following admission.	
<b>Customer Support</b>		<b>PROVIDER NOTICE</b>	
Call Customer Service at 855-366-6660 • Member Support  • Precertifications  • Provider Services		Precertification must be obtained for certain services. For precertification, call the number shown on this card. Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the Customer Service phone number on the front of this ID card.  Promise Health Plan is administered by Luminare Health	

# Sample Member ID Cards for Prisma Health HDHP Plan

## Employer: Prisma Health

### Front:

		855-366-6660 <a href="http://www.myPromiseHealthPlan.com">www.myPromiseHealthPlan.com</a>																								
<b>Member</b>			<b>Medical Plan</b>																							
<b>Employer</b> Prisma Health <b>Group ID</b> P50000 <b>Employee</b> HDHP EE ONLY SAMPLE <b>Employee ID</b> D20001001 <b>Plan Name</b> HDHP			<div style="display: flex; justify-content: space-around;">   </div> <table border="1"> <thead> <tr> <th></th> <th>Tier 1: inVio</th> <th>Tier 2: Cigna</th> </tr> </thead> <tbody> <tr> <td><b>Primary / Specialty Copay</b></td> <td>15% coins</td> <td>40% coins</td> </tr> <tr> <td><b>Urgent Care / ER</b></td> <td>15% coins</td> <td>40%/15% coins</td> </tr> <tr> <td><b>INN Deductible</b></td> <td>\$2,000</td> <td>\$3,500</td> </tr> <tr> <td><b>OON Deductible</b></td> <td>\$4,000</td> <td>\$4,000</td> </tr> <tr> <td><b>INN Out-of-Pocket</b></td> <td>\$4,000</td> <td>\$6,250</td> </tr> <tr> <td><b>OON Out-of-Pocket</b></td> <td>Unlimited</td> <td>Unlimited</td> </tr> </tbody> </table>				Tier 1: inVio	Tier 2: Cigna	<b>Primary / Specialty Copay</b>	15% coins	40% coins	<b>Urgent Care / ER</b>	15% coins	40%/15% coins	<b>INN Deductible</b>	\$2,000	\$3,500	<b>OON Deductible</b>	\$4,000	\$4,000	<b>INN Out-of-Pocket</b>	\$4,000	\$6,250	<b>OON Out-of-Pocket</b>	Unlimited	Unlimited
	Tier 1: inVio	Tier 2: Cigna																								
<b>Primary / Specialty Copay</b>	15% coins	40% coins																								
<b>Urgent Care / ER</b>	15% coins	40%/15% coins																								
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<b>INN Out-of-Pocket</b>	\$4,000	\$6,250																								
<b>OON Out-of-Pocket</b>	Unlimited	Unlimited																								
<b>Pharmacy Plan</b>																										
RXBIN 004336 RXPCN ADV RXGRP RX24FC			 <p> <a href="http://www.caremark.com">www.caremark.com</a>  Member Services 833-267-0413  Pharmacy Help Desk 800-364-6331 </p>																							


### Back:

<b>Claims and Eligibility</b>		<b>Notices</b>	
<b>SUBMIT CLAIMS TO</b> <b>Payer ID Number</b> 62308 <b>Mail</b> Cigna PO Box 188061 Chattanooga, TN 37422-8061 Benefits are not insured by Cigna or affiliates. AWAY FROM HOME CARE  <b>Claims and Eligibility Status Inquiry Payer ID</b> RP128 <a href="http://www.myPromiseHealthPlan.com">www.myPromiseHealthPlan.com</a> <i>This card does not guarantee eligibility or payment.</i>		<b>MEMBER NOTICE</b> Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular business day following admission.	
<b>Customer Support</b>		<b>PROVIDER NOTICE</b>	
<b>Call Customer Service at 855-366-6660</b> <ul style="list-style-type: none"> <li>• Member Support</li> <li>• Precertifications</li> <li>• Provider Services</li> </ul>		Precertification must be obtained for certain services. For precertification, call the number shown on this card. Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the Customer Service phone number on the front of this ID card.  <b>Promise Health Plan is administered by Luminare Health</b>	



## Sample Member ID Cards for Promise Health Plan with Cigna Healthcare Shared Administration PPO Network

### Front:





Questions?  
855-504-6363  
[www.myPromiseHealthPlan.com](http://www.myPromiseHealthPlan.com)

**Member**

**Employer** ABC Company  
**Group ID** LX0000  
**Employee** JOHN SMITH  
**Member ID** 012345678

**Medical Plan**





Shared Administration PPO

	Tier 1: Promise Network	Tier 2: Cigna
<b>Primary / Specialty Copay</b>	15% coins	40% coins
<b>Urgent Care / ER</b>	15% coins	40%/15% coins
<b>Deductible (Indv/Fam)</b>	\$2,000/\$4,000	\$3,500/\$7,000
<b>Out-of-Pocket Max (Indv/Fam)</b>	\$4,000/\$8,000	\$6,250/\$12,500

**Pharmacy Plan**

RXBIN 004336  
RXPCN ADV  
RXGRP RX21CB



[www.caremark.com](http://www.caremark.com)  
Pharmacy Helpdesk 800-364-6331  
Member Support 800-334-8134

### Back:

**Claims and Eligibility**

**SUBMIT CLAIMS TO**  
**Payer ID Number** 62308  
**Mail** Cigna  
PO Box 188061  
Chattanooga, TN 37422-8061  
Benefits are not insured by Cigna or affiliates.  
AWAY FROM HOME CARE

**Claims and Eligibility Status Inquiry Payer ID** RP128  
[www.myPromiseHealthPlan.com](http://www.myPromiseHealthPlan.com)  
*This card does not guarantee eligibility or payment.*

**Notices**

**MEMBER NOTICE**  
Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular business day following admission.

**PROVIDER NOTICE**  
Precertification must be obtained for certain services. For precertification, call the number shown on this card. Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the Customer Service phone number on the front of this ID card.

Promise Health Plan is administered by Luminare Health




**Customer Support**

**Call Customer Service at 855-504-6363**

- Member Support
- Precertifications
- Provider Services

## Sample Member ID Cards for Promise Health Plan with First Health Complementary Network (Issued 2026 - Present)

### Front:

		<p>Questions? 855-504-6363 <a href="http://www.myPromiseHealthPlan.com">www.myPromiseHealthPlan.com</a></p>																
<b>Member</b> <b>Employer</b> ABC Company <b>Group ID</b> LX0000 <b>Employee</b> JOHN SMITH <b>Member ID</b> 012345678		<b>Medical Plan</b>  <table border="1"> <thead> <tr> <th></th> <th>Tier 1: Promise Network</th> <th>Tier 2: First Health Network</th> </tr> </thead> <tbody> <tr> <td><b>Primary / Specialty Copay</b></td> <td>15% coins</td> <td>40% coins</td> </tr> <tr> <td><b>Urgent Care / ER</b></td> <td>15% coins</td> <td>40%/15% coins</td> </tr> <tr> <td><b>Deductible (Indv/Fam)</b></td> <td>\$2,000/\$4,000</td> <td>\$3,500/\$7,000</td> </tr> <tr> <td><b>Out-of-Pocket Max (Indv/Fam)</b></td> <td>\$4,000/\$8,000</td> <td>\$6,250/\$12,500</td> </tr> </tbody> </table>			Tier 1: Promise Network	Tier 2: First Health Network	<b>Primary / Specialty Copay</b>	15% coins	40% coins	<b>Urgent Care / ER</b>	15% coins	40%/15% coins	<b>Deductible (Indv/Fam)</b>	\$2,000/\$4,000	\$3,500/\$7,000	<b>Out-of-Pocket Max (Indv/Fam)</b>	\$4,000/\$8,000	\$6,250/\$12,500
	Tier 1: Promise Network	Tier 2: First Health Network																
<b>Primary / Specialty Copay</b>	15% coins	40% coins																
<b>Urgent Care / ER</b>	15% coins	40%/15% coins																
<b>Deductible (Indv/Fam)</b>	\$2,000/\$4,000	\$3,500/\$7,000																
<b>Out-of-Pocket Max (Indv/Fam)</b>	\$4,000/\$8,000	\$6,250/\$12,500																
<b>Pharmacy Plan</b>  <p>RXBIN 004336 RXPCN ADV RXGRP RX21CB  <a href="http://www.caremark.com">www.caremark.com</a>            Pharmacy Helpdesk 800-364-6331            Member Support 800-334-8134</p>																		

### Back:

<b>Claims and Eligibility</b> <p><b>SUBMIT CLAIMS TO</b>          Promise Health Plan          Payer ID Number RP128          Mail P.O. Box 4278          Clinton, IA 52733-4278</p> <p>Claims and Eligibility Status Inquiry Payer ID RP128  <a href="http://www.myPromiseHealthPlan.com">www.myPromiseHealthPlan.com</a>  <i>This card does not guarantee eligibility or payment.</i></p>	<b>Notices</b> <p><b>MEMBER NOTICE</b>          Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular business day following admission.</p> <p><b>PROVIDER NOTICE</b>          Precertification must be obtained for certain services. For precertification, call the number shown on this card. Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the Customer Service phone number on the front of this ID card.</p> <p>Promise Health Plan is administered by Luminare Health</p>
<b>Customer Support</b> <p><b>Call Customer Service at 855-504-6363</b></p> <ul style="list-style-type: none"> <li>• Member Support</li> <li>• Precertifications</li> <li>• Provider Services</li> </ul>	

## Sample Member ID Cards for Promise Health Plan with First Health Complementary Network (Issued 2024 - 2025)

### Front:



**Member**  
JOHN SMITH

**Member ID** 012345678  
**Employer** ABC Company  
**Group ID** LX0000  
**Customer Service** 855-504-6363  
[www.myPromiseHealthPlan.com](http://www.myPromiseHealthPlan.com)

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**Member Responsibility**

	Tier 1: Promise Network	Tier 2: First Health Network
Primary / Specialty Provider Copay	\$0 / \$0	\$0 / \$0
Urgent Care / Emergency Room	\$0 / \$0	\$0 / \$0
Deductible (Indv / Fam)	\$0 / \$0	\$0 / \$0
Out-of-Pocket Max (Indv / Fam)	\$0 / \$0	\$0 / \$0


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**Your Pharmacy Plan**

<b>RXBIN</b> 004336	<b>Pharmacist</b> 800-364-6331
<b>RXPCN</b> ADV	<b>Member</b> 800-334-8134
<b>RXGRP</b> RX21CB	<b>Web</b> <a href="http://www.caremark.com">www.caremark.com</a>



### Back:



**SUBMIT CLAIMS TO**  
**Promise Health Plan**  
**Payer ID Number RP128**  
**Mail** P.O. Box 4278  
 Clinton, IA 52733-4278

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**Call Customer Service at 855-504-6363**

- Member Support
- Precertifications
- Provider Services

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**MEMBER NOTICE**  
 Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular business day following admission.

**PROVIDER NOTICE**  
 Precertification must be obtained for services as specified in the member's plan. For precertification, call the number shown on this card. Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

*Promise Health Plan is administered by Luminare Health.*

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT**

## Pharmacy Support

### **Pharmacy Benefits Manager Details and Contact Information**

Our members may have different pharmacy benefits managers based on their employer's selection. Please confirm the appropriate PBM on the member's ID card and review their ID card for group specific items as well.

#### **CVS Caremark for Prisma Health Members**

Rx BIN: 004336  
Rx PCN: ADV  
Rx GRP: RX24FC

##### **Support Information**

Phone: (800) 364-6331 (Pharmacy Support)  
(800) 267-00413 (Member Support)  
Fax: (888) 836-0730  
Website: [www.caremark.com](http://www.caremark.com)

#### **CVS Caremark through RxBenefits for Non-Prisma Health Members**

Rx BIN: 004336  
Rx PCN: ADV  
Rx GRP: RX21CB

##### **Support Information**

Availability: M-F, 7am-7pm EST (Managed by RxBenefits)  
Overflow & Weekends (Managed by CVS Caremark)  
Phone: (800) 364-6331 (Pharmacy Support)  
(800) 334-8134 (Member Support)  
Fax: (888) 836-0730  
Website: [www.caremark.com](http://www.caremark.com)

## Provider Directory

### **Accessing Provider Directory**

The Promise Health Plan Provider Directory can be accessed by searching for providers under the "Find Care Now" section at <https://www.promisehealthplan.com/member-login/>. The directory clearly identifies whether a provider is Tier 1 or Tier 2 using the Tier box on the right side of the provider card.

# Precertification Process


You can request precertification through the following channels:

Online: [www.MyPromiseHealthPlan.com](http://www.MyPromiseHealthPlan.com)  
 Phone: (855) 366-6660 (Prisma Health Team Members)  
 (855) 504-6363 (Non-Prisma Health Team Members)  
 Fax: (717) 295-1208

Precertification, also known as prior authorization or prior approval, by Promise Health Plan is required for some inpatient services and some outpatient services and surgeries. Please refer to the precertification list below.

## Services Requiring Precertification:

### Prisma Health Team Members



# INPATIENT AND OUTPATIENT PRECERTIFICATION CATEGORIES

## PRISMA HEALTH EMPLOYEE HEALTH PLAN

### Inpatient Services Requiring Precertification

Examples have been included in the precertification category description but are not inclusive of all services.  
 This list is subject to change at any time without prior notice. It is not to be distributed.  
 "X" represents all procedure codes associated with the precertification category require precertification.

Precertification Category	Procedure Codes	
	Tier 1: inVio	Tier 2: Cigna
Inpatient Hospital (excludes observation setting) / Acute Care (Services rendered in the hospital setting not included in any other inpatient pre-cert category)		X
Skilled Nursing Facilities		X
Rehabilitation Facilities		X
Long Term Acute Care Facilities		X
Psychiatric Treatment Facilities / Mental Health and Substance Abuse Hospital/Residential		X
Chemical Dependency Treatment Facilities / Detox		X
Organ and Tissue Transplants in all settings		0087U, 0088U, 0493U, 0540U, 0544U, 0584T, 0585T, 0586T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 33975, 33976, 33979, 33981, 33982, 33983, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38225, 38226, 38227, 38228, 38230, 38232, 38240, 38241, 38242, 38243, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50547, 81558, 81595, 86950, G0341, G0342, G0343, J3402, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058, S2053, S2054, S2060, S2061, S2065, S2102, S2140, S2142, S2150, S2152, S9975
Routine and high risk maternity (routine only if inpatient stay exceeds federal requirements)		X

Outpatient Services Requiring Precertification		
Precertification Category	Procedure Codes	
	Tier 1:inVio	Tier 2: Cigna
<b>Spinal Procedures</b> Lumbar Laminectomy Cervical Laminectomy Lumbar Discectomy, Foraminotomy, or Laminotomy Cervical Discectomy or Microdiscectomy, Foraminotomy, Laminotomy Cervical Fusion, Anterior Disk Arthroplasty, Cervical Vertebroplasty and Kyphoplasty Disk Arthroplasty, Lumbar Automated Percutaneous Lumbar Discectomy (APLD), Low Back Pain		0098T, 0200T, 0201T, 0275T, 0627T, 0628T, 0629T, 0656T, 0657T, 20930, 20931, 20936, 20937, 20938, 20939, 20975, 22207, 22208, 22210, 22214, 22216, 22220, 22224, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22533, 22534, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22836, 22837, 22838, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22853, 22854, 22855, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27278, 27279, 27280, 62287, 62290, 62380, 63001, 63005, 63012, 63015, 63016, 63017, 63020, 63030, 63042, 63044, 63045, 63047, 63048, 63056, 63057, 63077, 63078, 63081, 63082, 63087, 63088, 63090, 63091, 63267, 64628, 64629, 64999, C1062, C1821, C2614, 22505, 62263, 62264, 62361, 62362, 63650, 63655, 63685, 64553, 64561, 64568, 64575, 64581, 64633, 64634, 64635, 64636, 64714
<b>Home Health Care/Home Infusion Therapy</b>		99512, H0045, S5150, S5151, S9122, S9123, S9124, S9125, T1000, T1005
<b>Musculoskeletal and Pain Management (MSK)</b>		0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 23000, 23020, 23106, 23120, 23130, 23145, 23155, 23172, 23174, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23700, 23802, 27033, 27096, 27125, 27130, 27132, 27134, 27137, 27138, 27175, 27331, 27332, 27333, 27334, 27335, 27340, 27347, 27355, 27356, 27357, 27358, 27360, 27403, 27405, 27407, 27409, 27412, 27413, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27489, 27570, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29850, 29851, 29855, 29856, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 62280, 62281, 62282, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64625, C1767, C1772, C1778, C1787, C1816, C1820, C1822, C1883, C1897, E0782, E0783, E0785, E0786, G0260, J7330, L8679, L8680, L8681, L8682, L8683, L8685, L8686, L8687, L8688, L8689, L8695
<b>Cosmetic Procedures</b> Reduction mammoplasty Breast Reconstruction Blepharoplasty Rhinoplasty Septoplasty Abdominoplasty Panniculectomy	19316, 19318, 19325, 19327, 19330, 15820, 15821, 15822	0080U, 0449T, 0479T, 0483T, 0490U, 0600T, 0601T, 0671T, 0707T, 0869T, 0908T, 0947T, 0950T, 0981T, 11951, 11952, 11954, 11980, 15150, 15151, 15152, 15155, 15156, 15157, 15272, 15273, 15274, 15276, 15277, 15278, 15769, 15771, 15772, 15773, 15774, 15778, 15786, 15787, 15820, 15821, 15822, 15823, 15824, 15825, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17106, 17107, 17108, 19300, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19370, 19371, 19380, 20527, 20910, 20912, 21025, 21050, 21060, 21079, 21080, 21081, 21082, 21085, 21088, 21110, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21179, 21180, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21230, 21235, 21240, 21243, 21244, 21245, 21246, 21248, 21249, 21270, 21325, 21497, 21685, 21740, 21742, 24300, 25259, 27198, 27275, 27703, 27860, 29804, 30150, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30469, 30620, 31295, 31296, 31297, 31298, 32664, 33224, 33225, 33249, 33258, 33267, 33269, 33270, 33285, 33340, 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33477, 33990, 33991, 33993, 36514, 41512,



## Services Requiring Precertification:

### Prisma Health Team Members (cont'd)

Outpatient Services Requiring Precertification		
Precertification Category	Procedure Codes	
	Tier 1:inVio	Tier 2: Cigna
<b>Bariatric Surgery</b>		43290, 43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43886, 43888, C9784, C9785
<b>Genetic Testing / Molecular Lab</b> Labs that involve taking genetic codes like DNA, and analyzing the sequence of codes for markers that could indicate the emergence of a specific disease		0020M, 0048U, 0089U, 0102U, 0129U, 0132U, 0172U, 0211U, 0239U, 0242U, 0318U, 0326U, 0329U, 0340U, 0364U, 0388U, 0425U, 0426U, 0452U, 0453U, 0454U, 0465U, 0466U, 0467U, 0469U, 0471U, 0473U, 0481U, 0485U, 0487U, 0488U, 0496U, 0499U, 0500U, 0501U, 0506U, 0507U, 0523U, 0529U, 0530U, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0543U, 0549U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0571U, 0572U, 81162, 81163, 81164, 81165, 81166, 81167, 81195, 81212, 81215, 81216, 81217, 81223, 81226, 81228, 81277, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81307, 81308, 81313, 81317, 81318, 81319, 81321, 81322, 81323, 81349, 81410, 81411, 81413, 81414, 81415, 81416, 81417, 81425, 81426, 81430, 81431, 81434, 81437, 81439, 81440, 81442, 81448, 81449, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81518, 81529, 81538, 81542, 81552, 81554, 81599
<b>Interventional Vascular Surgery / Radiology</b> Percutaneous Revascularization, lower extremity Carotid Artery Angioplasty with Stent Placement Endovascular Intervention, Iliac and Femoral Popliteal Endovascular Repair (EVR), Thoracic Aorta Vertebral Artery Angioplasty, with or without Stent Placement Sclerotherapy plus Ligation Saphenofemoral Junction Saphenous Vein Stripping Sclerotherapy- Legs Saphenous Vein ablation Radiofrequency and Laser	36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T	0075T, 34718, 36465, 36466, 36468, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37215, 37216, 37218, 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37238, 37239, 37241, 37242, 37243, 37244, 37248, 37249, 37700, 37718, 37722, 37735, 37765, 37766, 37780, 37785, 37799, 61624, 61630, 61635, C9764, C9767, C9772
<b>Diagnostic Radiology (MRI/MRA/PET Scans)</b>		0331T, 0332T, 0609T, 0610T, 0611T, 0612T, 0623T, 0624T, 0625T, 0626T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0648T, 0649T, 0697T, 0698T, 0710T, 0711T, 0712T, 0713T, 0865T, 0866T, 0899T, 0900T, 70336, 70490, 70491, 70492, 70498, 70540, 70542, 70543, 70547, 70548, 70549, 71250, 71260, 71270, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 75635, 76390, 76391, 76497, 76498, 77046, 77047, 77048, 77049, 77084, 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, C7557, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C8937, C9762, C9763, C9791, C9793, G0219, G0235, G0252, S8037, S8092
<b>Injectable medications - Select drugs given intravenously or by injection</b>		90283, 90284, 90378, B4187, C9047, C9174, C9175, C9399, G0138, J0129, J0139, J0172, J0174, J0175, J0177, J0178, J0179, J0180, J0202, J0205, J0208, J0215, J0217, J0218, J0219, J0220, J0221, J0222, J0223, J0224, J0225, J0256, J0257, J0349, J0364, J0470, J0485, J0490, J0491, J0517, J0567, J0570, J0584, J0585, J0586, J0587, J0588, J0589, J0591, J0593, J0596, J0597, J0598, J0599, J0600, J0606, J0614, J0638, J0641, J0642, J0717, J0725, J0738, J0739, J0741, J0775, J0791, J0801, J0802, J0870, J0879, J0881, J0882, J0885, J0887, J0888, J0890, J0893, J0894, J0896, J0897, J1072, J1202, J1203, J1290, J1299, J1301, J1302, J1303, J1304, J1305, J1306, J1307, J1322, J1323, J1325, J1326, J1411, J1412, J1413, J1414, J1426, J1427, J1428, J1429, J1437, J1438, J1439, J1440, J1442, J1447, J1448, J1449, J1458, J1459, J1551, J1552, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1576, J1595, J1599, J1602, J1620, J1628, J1632, J1675, J1726, J1743, J1744, J1745, J1746, J1747, J1748, J1786, J1809, J1823, J1826, J1830, J1930, J1931, J1932, J1950, J1951, J1952, J1954, J1961, J2170, J2182, J2267, J2277, J2323, J2326, J2327, J2329, J2350, J2351, J2353, J2354, J2356, J2357, J2502, J2503, J2504, J2506, J2507, J2508, J2562, J2724, J2777, J2778, J2779, J2781, J2782, J2786, J2793, J2797, J2802, J2840, J2860, J2940, J2941, J2998, J3031, J3032, J3055, J3060, J3111, J3145, J3241, J3245, J3247, J3262, J3263, J3285, J3299, J3304, J3315, J3316, J3355, J3357, J3358, J3380, J3385, J3391, J3392, J3393, J3394, J3397, J3398, J3399, J3401, J3403, J3490, J3520, J3590, J3591, J7170, J7171, J7172, J7173, J7174, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213, J7214, J7316, J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, J7340, J7351, J7352, J7355, J7356, J7677, J7686, J7999, J9000, J9011, J9015, J9017, J9019, J9021, J9022, J9023, J9024, J9026, J9027, J9028, J9029, J9032, J9033, J9034, J9035, J9036, J9038, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9054, J9055, J9056, J9057, J9060, J9061, J9063, J9098, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9153, J9155, J9161, J9171, J9172, J9173, J9174, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9223, J9225, J9226, J9227, J9228, J9229, J9230, J9246, J9248, J9249, J9262, J9263, J9264, J9266, J9268, J9269, J9271, J9272, J9273, J9274, J9275, J9276, J9281, J9285, J9286, J9289, J9292, J9293, J9294, J9295, J9296, J9297, J9298, J9299, J9301, J9303, J9304, J9305, J9306, J9308, J9309, J9311, J9312, J9313, J9314, J9316, J9317, J9318, J9319, J9320, J9321, J9322, J9323, J9324, J9325, J9328, J9329, J9330, J9331, J9332, J9333, J9334, J9341, J9342, J9347, J9348, J9349, J9350, J9352, J9353, J9354, J9355, J9356, J9358, J9359, J9360, J9376, J9380, J9381, J9382, J9393, J9394, J9400, J9999, M0224, M0235, M0236, M0237, M0238, Q0138, Q0224, Q0235, Q0237, Q2017, Q2043, Q2050, Q3027, Q3028, Q4074, Q4081, Q5098, Q5099, Q5100, Q5103, Q5104, Q5105, Q5106, Q5107, Q5108, Q5109, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5121, Q5122, Q5123, Q5124, Q5125, Q5126, Q5127, Q5128, Q5129, Q5130, Q5133, Q5134, Q5135, Q5136, Q5137, Q5138, Q5140, Q5141, Q5142, Q5143, Q5144, Q5145, Q5146, Q5147, Q5148, Q5149, Q5150, Q5151, Q5152, Q5153, Q5154, Q5155, Q5156, Q5157, Q5158, Q5159, Q9996, Q9997, Q9998, Q9999, S0013, S0090, S0122, S0126, S0128, S0132, S0145

## **Services Requiring Precertification:**

### **Prisma Health Team Members (cont'd)**

<b>Outpatient Services Requiring Precertification</b>		
<b>Precertification Category</b>	<b>Procedure Codes</b>	
	<b>Tier 1:inVio</b>	<b>Tier 2: Cigna</b>
<b>Oral pharynx procedures</b> - Inpatient, invasive procedures for treatment of snoring or obstructive sleep apnea	42145, 421400, 42299, S2080	41874, 42145, 42160
<b>Potential experimental/investigational/unproven procedures</b> - Procedures and surgeries which may be experimental, investigational or for which effectiveness is not proven;		0232T, 0261U, 0335T, 0384U, 0385U, 0441T, 0442T, 0445U, 0458U, 0459U, 0480T, 0491U, 0492U, 0558U, 0559U, 0568U, 0574U, 0717T, 0718T, 0720T, 0805T, 0806T, 0807T, 0808T, 0813T, 0933T, 0951T, 0956T, 0957T, 0959T, 0960T, 0967T, 0968T, 0978T, 0979T, 0980T, 11950, 15011, 15012, 15013, 15014, 15015, 15016, 15017, 15018, 15271, 15275, 15777, 21073, 21743, 27702, 28890, 30468, 33254, 33255, 33265, 33266, 33289, 42140, 43210, 43257, 43284, 46707, 51721, 55881, 55882, 64913, 65710, 65760, 69706, 89251, 89335, 89344, 89354, A2004, A2005, A2019, A2020, A2021, C1839, C2624, C8003, C9352, C9353, C9358, C9360, C9364, C9727, C9808, C9809, E0481, E0677, E1399, G0555, J7402, L2006, L6700, Q2026, Q4103, Q4113, Q4114, Q4118, Q4125, Q4126, Q4128, Q4130, Q4133, Q4137, Q4138, Q4139, Q4140, Q4148, Q4150, Q4152, Q4155, Q4156, Q4158, Q4159, Q4160, Q4162, Q4163, Q4164, Q4173, Q4174, Q4180, Q4187, Q4189, Q4192, Q4193, Q4195, Q4196, Q4215, Q4222, Q4227, Q4229, Q4234, Q4235, Q4239, Q4246, Q4253, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4345, Q4361, S2117
<b>Unlisted procedures</b> - Procedures given miscellaneous identifiers when they cannot be categorized into established codes; many codes end in "99"		17999, 19499, 20999, 21089, 21299, 21499, 21899, 22999, 23929, 24999, 25999, 26989, 27299, 27599, 27899, 28899, 29999, 30999, 31299, 31599, 31899, 32999, 33999, 38129, 38589, 38999, 39599, 40799, 41599, 41899, 42299, 42699, 42999, 43289, 43499, 43659, 43999, 44238, 44799, 44979, 45399, 45999, 46999, 47379, 47399, 47579, 47999, 48999, 49329, 49659, 49999, 50949, 53899, 55899, 58578, 58579, 58679, 58999, 59897, 60699, 66999, 67299, 67999, 68899, 69399, 69799, 69949, 90399, 91299, 93799, 94799, 99199, C1889, L5999, L8499, Q4100

## **Services Requiring Precertification:**

### **Promise Health Plan with First Health Complementary Network**

<b>Services Requiring Precertification</b>
<b>Inpatient Services</b> Inpatient Hospital (excludes observation setting) Skilled Nursing Facilities Rehabilitation Facilities Long Term Acute Care Facilities Psychiatric Treatment Facilities Chemical Dependency Treatment Facilities Organ and Tissue Transplants in all settings
<b>Outpatient Services</b> Partial Hospitalizations Home Health Care/Home Infusion Therapy
<b>Outpatient Surgeries</b>
<b>Spinal Procedures</b> Lumbar Laminectomy Cervical Laminectomy Lumbar Discectomy, Foraminotomy, or Laminotomy Cervical Discectomy or Microdiscectomy, Foraminotomy, Laminotomy Cervical Fusion, Anterior Disk Arthroplasty, Cervical Vertebroplasty and Kyphoplasty Disk Arthroplasty, Lumbar Automated Percutaneous Lumbar Discectomy (APLD), Low Back Pain
<b>Cosmetic Procedures</b> Reduction mammoplasty Breast Reconstruction- Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander Blepharoplasty Rhinoplasty Septoplasty Abdominoplasty Panniculectomy
<b>Joint Replacements</b> Knee, Hip



<b>Additional Services Requiring Precertification</b>
<b>Orthognathic Procedures</b> LeFort I, LeFort II, LeFort III
<b>Varicose Vein</b> Sclerotherapy plus Ligation, Saphenofemoral Junction, Saphenous Vein Stripping, Sclerotherapy- Legs Saphenous Vein ablation, Radiofrequency and Laser
Cochlear Implants
<b>DME over \$2,500</b>
<b>Radiation Therapy</b> Brachytherapy IMRT Radiofrequency Ablation of Tumor Radionuclide (Strontium, Samarium, Radium) Therapy of Bone Metastases Stereotactic Body Radiotherapy Proton Beam
<b>Bariatric Surgery</b>
<b>Dialysis</b> Peritoneal, Hemodialysis, Home visit for Dialysis
<b>Genetic Testing</b> Breast Cancer: BRCA, Breast Cancer (Hereditary) - Gene Panel; Breast Cancer - HER2 Testing; Breast Cancer Gene Expression Assays; Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes  <b>Prostate Cancer:</b> Prostate Cancer - BRCA1 and BRCA2 Genes; Prostate Cancer - Genetic Profiles; Prostate Cancer - HOXB13, MMR, PTEN, and TMPRSS2-ETS Fusion Genes; Prostate Cancer - PCA3 Genes; Prostate Cancer Gene Expression Testing - Decipher; Prostate Cancer Gene Expression Testing - Oncotype DX; Prostate Cancer Gene Expression Testing - Prolaris  <b>Non-small Cell Lung Cancer:</b> Non-Small Cell Lung Cancer - Anaplastic Lymphoma Kinase (ALK) Fusion Gene Testing; Non-Small Cell Lung Cancer - EGFR Gene Testing; Non- Small Cell Lung Cancer - KRAS Gene Testing  <b>Melanoma:</b> Malignant Melanoma (Cutaneous) - BAP1, CDK4, and CDKN2A Genes; Malignant Melanoma (Uveal) - BAP1, CDK4, and CDKN2A Genes; Malignant Melanoma - BRAF V600 Testing; Melanoma (Cutaneous) - Gene Expression Profiling; Melanoma (Uveal) - Gene Expression Profiling  <b>Hereditary Colon Cancer:</b> Colorectal Cancer (Hereditary) - Gene Panel
<b>Interventional Radiology</b> Percutaneous Revascularization, lower extremity Carotid Artery Angioplasty with Stent Placement Endovascular Intervention, Iliac and Femoral Popliteal Endovascular Repair (EVR), Thoracic Aorta Vertebral Artery Angioplasty, with or without Stent Placement
<b>MRI/MRA/PET Scans (Not done in the ER)</b>
<b>Intensive Outpatient Treatment</b>
<b>Outpatient Therapies</b> (Reviewed after the first 12 visits) Physical Therapy, Occupational Therapy, Speech Therapy

## **Requirements for Initial Certifications**

When you call for precertification, be prepared to provide all the following information:

- Member name, address, phone number, and the ID number shown on the front of the member's ID card
- the patient's name, address, phone number (if not the member)
- admitting physician's name and phone number
- name of facility or home health care agency
- date of admission or proposed date of admission
- condition for which patient is being admitted

## **Time Frames for Initial Certifications**

For non-urgent care, you or your authorized representative should call Promise Health Plan at least 15 calendar days prior to initiation of services or continuation of services after Medicare benefits are exhausted. For urgent care, you or your authorized representative may call Promise Health Plan within 48 hours or the next business day, if later, after the initiation of services. If no additional information is required, the determination of coverage will generally be completed within a reasonable period of time, but no later than 15 calendar days from receipt of the request.

In the event Promise Health Plan receives a communication that fails to follow the precertification procedure described above but communicates at least your name, a specific medical condition or symptom, and a specific treatment, service, or product for which precertification is requested, you (or your authorized representative) will be notified orally (and in writing, if requested) within five calendar days of the failure to follow the proper procedure.

If Promise Health Plan needs additional time to make a decision due to circumstances beyond its control, you will be notified within the 15 calendar days of the circumstances and the date by which Promise Health Plan expects to render a decision. If the circumstances include a failure on your part to submit necessary information, the notice will specifically describe the needed information. You will have 45 calendar days to provide the information requested and Promise Health Plan will complete its determination of the claim for certification no later than 15 calendar days after receiving the requested information.

Failure to respond in a timely and complete manner will result in a denial of the requested certification.

## **Time Frames for Certification Extensions**

If you request an extension of a previously approved hospitalization, skilled nursing facility stay, or ongoing course of treatment, and the request involves non-urgent care, the extension request will be processed within 15 calendar days after the

request is received. If the inpatient admission or ongoing course of treatment involves urgent care and the request is received at least 24 hours before the scheduled end of a hospitalization or course of treatment, the request will be ruled upon and you will be notified as soon as possible but no later than 24 hours after the request is received. If the inpatient admission or ongoing course of treatment involves urgent care and the request is received less than 24 hours before the scheduled end of a hospitalization or course of treatment, the request will be ruled upon and you will be notified no later than 72 hours after the request is received.

### **If a Certification Changes**

If Promise Health Plan determines that the hospital or skilled nursing facility stay or course of treatment should be shortened or terminated before the end of the fixed number of days and/or treatments, or the fixed time period that was previously approved, we will:

- Notify you of the proposed change, and
- Allow you to file an appeal and obtain a decision before the end of the fixed number of days and/or treatments or the fixed time period that was previously approved.

### **If a Certification Is Denied**

If your request for a certification or certification extension is denied in whole or in part, we will provide you with a written Notice of Certification Denial within the time frames indicated above.

The Notice of Certification Denial will include an explanation of the denial, including:

- The specific reason(s) for the denial
- Reference to the Medical Plan provisions on which the denial is based
- If the denial is due to a lack of information necessary for certification, a description of any additional material or information needed and an explanation of why such material or information is necessary
- A description of the Medical Plan claim review procedure and applicable time limits
- If the denial relies upon an internal rule, guideline, protocol or other similar criterion, either a copy of that criterion or a statement that such criterion was relied upon and will be supplied free of charge, upon request
- If denial was based on custodial care, medical necessity, experimental/investigational treatment, or similar exclusion or limit, either an explanation of the scientific or clinical judgment, applying the terms of the Medical Plan to your medical circumstances, or a statement that such explanation will be supplied free of charge, upon request
- A statement that you have a right to appeal.

## **Appeals & Disputes**

If you have a question about how a claim was processed or on a precertification request denial, you can call Promise Health Provider Support with the contact information listed above in the Provider Support section to get more information about the determination or try to resolve the issue or obtain further clarity. In some cases, issues can be resolved by providing additional information, as requested by Promise Health Plan.

If your issues cannot be resolved informally, as a provider you have the right to appeal the determination of any denied services or claim by filing an appeal with us.

You can find information on how to proceed with an appeal on your Explanation of Provider Payment (EPP), or you can contact Promise Health Plan's Provider Support.

Timeframes for filing an appeal vary depending on applicable state or federal requirements.

## **Care Management Programs**

Promise Health's Care Management team shall provide case management for all members through the following methods:

- Members identified through utilization management review;
- Members post discharge from an inpatient facility affiliated with the Promise Health Network;
- Members identified through provider referrals; or
- Currently managed Members

Members within South Carolina will also have access to our Integrated Care Management Programs through our Clinically Integrated Network.

### **Referrals to our Care Management Team**

If you have a Promise Health member as a patient who would benefit from care management services, please refer them to us for care coordination by accessing referral instructions and forms at <https://www.promisehealthplan.com/providers/> by selecting Provider Resources.

## **Care Management Program Details**

### **Integrated Care Model (ICM)**

The interdisciplinary ICM team includes nurse care managers for patients with complex medical conditions, health coaches, social workers, pharmacists, behavioral health professionals, and others. Advanced data analytics powers a patient identification and risk stratification process to identify patients with rising healthcare risk in real-time. This multi-dimensional risk assessment utilizes multiple data sources, including electronic medical record data, to determine medical complexity, patient activation level, social determinants of health, and other factors contributing to accurately assessing the real time risk of patients. As patients are identified, a simultaneous automated assignment process will ensure that the appropriate ICM team member is alerted to begin coordinating the efforts of the multidisciplinary ICM team. The patient's primary care provider will be immediately alerted to lead the integrated care of their patient. The goal of the ICM is to ensure that patients receive the best care at the most critical time of need while reducing unnecessary healthcare utilization and cost.

### **Complex Care Management**

Complex Care Managers assist patients with multiple or complex conditions to obtain access to care and services, as well as coordinate their care in order to meet health goals and improve outcomes. Care Management (CM) is provided to patients who have experienced an event or diagnosis requiring the extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services. It is a collaborative process of assessment, planning, facilitation, care coordination and evaluation. The CM Program provides advocacy for options and services to meet the comprehensive medical, behavioral, psychological, social and spiritual needs of a patient and the patient's family/caregiver, while promoting quality and cost-effective outcomes. Since CM is considered an opt-out program, all eligible patients have the right to participate or decline participation. The Care Transition Program focuses on evaluating and coordinating post-hospitalization needs for patients who may be at risk of readmission.

### **Condition Management**

Condition Management programs are offered to all eligible patients identified with one or more of the following conditions: diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), asthma, hypertension and hyperlipidemia.

The Condition Management Program is a proactive, multidisciplinary, systematic approach of coordinating healthcare utilizing targeted evidence-based interventions and communications for defined patient populations with conditions where self-management efforts can be implemented. The program is designed to empower patients, working with their health care provider(s), to manage their condition,

prevent exacerbations and complications, with the goal of slowing the progression of the condition, minimizing its effects and improving quality of life for patients.

The Condition Management Program identifies patients who can benefit from condition management and determines the best plan of care for each patient based on their individualized health needs utilizing targeted, evidenced-based interventions and communications. The goal of the Condition Management Program is to identify and support patients, caregivers and their health care provider(s) to manage their condition(s) by providing tools and resources to empower patient's participation in their plan of care to improve their health and quality of life. The program objectives are to:

- Promote consistency in long-term management approaches and optimize treatment for patients with targeted conditions
- Achieve optimal levels of wellness in these targeted patients
- Improve the patient's basic understanding of his/her condition process
- Increase provider awareness and participation with recommended treatment modalities
- Monitor patient's condition, including consideration of other health conditions and addressing lifestyle issues
- Provide early collaborative care management or health care provider intervention when specific patient indicators exceed the established threshold
- Attain increased compliance with treatment regimen
- Reduce emergency room utilization and frequency of inpatient admissions.
- Reduce and delay late-stage condition manifestations

### **Case Management**

Promise Health provides case management for members outside of South Carolina which include assessment, planning, implementation, coordination, monitoring, and evaluation of options and services that meet an individual's health needs using communication and available resources that promote high-quality, cost-effective outcomes.