



**Utilization Review Request  
for Wellfleet 2020/21 Plans in West Virginia**

This completed form and clinical information can be submitted via fax, online, or via mail:

**Fax:** 847-741-1290 or

**Online:** [www.precertcare.com](http://www.precertcare.com)

**Mail:** UR Department, Hines & Associates, 115 E Highland Ave, Elgin, IL 60120

**For plans in West Virginia, Wellfleet requires prior authorization on the following services under the medical benefit:**

- Inpatient Hospital Care
- Inpatient/Outpatient Surgery
- Inpatient Skilled Nursing Facility
- Inpatient Rehabilitation
- Inpatient Mental and Substance Abuse, includes Residential Treatment (inpatient HCPCS codes only)
- Partial Hospitalization and IOP (Mental and Substance Abuse)
- Home and Office Infusion Therapy
- Infertility Services
- Durable Medical Equipment
- Prosthetics
- Reconstructive Surgery
- Organ Transplant
- Bariatric Surgery
- Gender Reassignment
- Botox Injections
- Genetic Testing
- Transcranial Magnetic Stimulation (TMS) Therapy
- Sleep Management
- Spinal Procedures
- Unlisted Procedures
- Chemotherapy
- Diagnostic Imaging (PET, MRI, CT)
- Home Health Care

**Need help?** Please give Hines a call at 800-944-9401

Date Submitted:

Contact Information:

Name:

Telephone:

Claimant:

DOB:

Relationship:

Address:

City:

State/ZIP:

Telephone:

Insured:

Policy #:

Group Name:

Address:

City:

State/ZIP:

Telephone:

Other Health Insurance? Yes No    Is this plan primary or secondary? Primary Secondary

Date of Service:

Diagnosis:

Procedure/Service:

Facility/Hospital:

Address:

City, State and Zip:

Phone:

Fax (if avail):

Physician Name:

Address:

City, State and Zip:

Phone:

Fax (if avail):