



November 24, 2020

RE: Prior Authorization and Extension of Benefits

Providers:

**Prior Authorizations:**

Some services require a prior authorization from Empower for reimbursement to be issued. Please see Empower's [Quick Reference Guide for Key Contact Information and Prior Authorization](#) for a list of services that require a Prior Authorization. A Prior Authorization is based on Medical Necessity and should be requested before a service is provided. Requests for prior authorization will not be backdated. It is up to the provider to submit documentation to support Medical Necessity.

**Extension of Benefits:**

Some services have yearly benefit limits available before an Extension of Benefits request is required. Please see Prior Authorization Resources on Empower's [Forms and Resources](#) page for benefit limits. Extension of benefits is based on Medical Necessity and can be requested up to 365 days after the date of service. It is up to the provider to submit documentation to support Medical Necessity.

**Please Note:** If a service has a weekly maximum and a provider needs to exceed that maximum, a **Prior Authorization** review of Medical Necessity will be required prior to service delivery; even if the service allows an extension of benefits for the annual maximum.

Thank you!

If you have any questions, please contact Empower Provider Relations at [EmpowerHealthcareSolutionsPR@empowerhcs.com](mailto:EmpowerHealthcareSolutionsPR@empowerhcs.com).