

<b>By CareAllies</b>	<b>By the Fund</b>		
<p><b>1. Medical and Behavioral Health Inpatient Hospital Admissions</b></p> <ul style="list-style-type: none"> <li>▪ Notification / Certification of ALL admissions</li> <li>▪ Continued Stay Review</li> <li>▪ Acute Physical Rehabilitation</li> <li>▪ Hospice (Inpatient)</li> <li>▪ Expedited, 1<sup>st</sup> + 2<sup>nd</sup> Appeal levels</li> <li>▪ Inhaled Nitric Oxide (INO) request require separate authorization</li> </ul> <p><b>2. Outpatient Services and/or Ambulatory Surgical Procedures</b></p> <ul style="list-style-type: none"> <li>▪ Bariatric &amp; Metabolic Surgery (inpatient/outpatient)</li> <li>▪ Cart-T Therapy (inpatient/outpatient)</li> <li>▪ Electrophysiologic Operative and Intra Cardiac</li> <li>▪ Gender Affirming Surgery</li> <li>▪ Hypoglossal Nerve Stimulation Device</li> <li>▪ Oral Pharynx</li> <li>▪ Potential Cosmetic               <ul style="list-style-type: none"> <li>✓ Breast – Reduction Mammoplasty, Removal Implants, Revision</li> <li>✓ Skin Integumentary – Dermabrasion, Chemical Peel, Laser Technique</li> <li>✓ Eyes/Nose – Blepharoplasty, Rhinoplasty, Nasal Reconstruction</li> <li>✓ Head/Ear – Cervicoplasty</li> <li>✓ Trunk/Body – Abdominoplasty, Lipectomy</li> <li>✓ Jaw/Face – TMJ related surgeries and reconstruction</li> <li>✓ Vein Treatment</li> <li>✓ Vascular Embolization</li> <li>✓ Spine (inpatient and outpatient)</li> </ul> </li> <li>▪ Sinus endoscopy balloon dilatation</li> <li>▪ Skin subcutaneous injection filing materials</li> <li>▪ Transplant Evaluation (inpatient/outpatient)</li> <li>▪ Unlisted Procedures</li> <li>▪ Ventricular Assist Devices (insertion, replacement, and removal)</li> </ul> <p><i>These pre-certification requirements apply to any setting of care where care is provided, whether physician office, ambulatory care center, or inpatient hospital stay.</i></p> <p><b>3. Request for Chiropractic Services beyond 12 visits per calendar year</b></p> <p>(800) 227-9360 (phone) ★ (866) 535-8972 (fax)</p>	<p><b>1. Outpatient Services/Procedures</b></p> <ul style="list-style-type: none"> <li>▪ Full and Split Night Sleep Studies (OSA Testing)</li> <li>▪ Hyperbaric Oxygen Therapy (HBOT)</li> <li>▪ Ambulance Service (non-emergent)</li> <li>▪ Cardiac/Pulmonary Rehabilitation</li> <li>▪ Lymphedema Therapy</li> </ul> <p><b>2. Durable Medical Equipment</b></p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>▪ Hospital beds</li> <li>▪ Standard &amp; Custom wheelchairs</li> <li>▪ Negative Pressure Wound Therapy (Input)</li> <li>▪ All Prosthetic Devices</li> <li>▪ Speech Devices</li> <li>▪ Wearable Defibrillators</li> <li>▪ Electrical Stimulator</li> <li>▪ Devices for cancer</li> <li>▪ Oxygen therapy</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>▪ BiPAP</li> <li>▪ Bone Growth Stimulator</li> <li>▪ INR Machine</li> <li>▪ TENS</li> <li>▪ Pneumatic Compression Devices</li> <li>▪ Oral Appliances</li> <li>▪ Ventricular (VAD) Assist Devices</li> <li>▪ Hospital Grade Breast Pumps</li> </ul> </td> </tr> </table> <p><b>NOTE: Provider must be credentialed to provide service.</b></p> <p><b>3. Request for Outpatient Physical/Occupational/ Speech therapy beyond 25 visits per discipline per calendar year.</b></p> <p><b>4. Requests for Outpatient Allergy visit beyond 20 per calendar years.</b></p> <p><b>5. Enteral feedings</b></p> <p><b>6. Private Duty Nursing (120 hours per calendar year)</b></p> <p>(646) 473-7447 (fax)</p> <p><b>★ Home Care Services</b></p> <ul style="list-style-type: none"> <li>▪ Intermittent Skilled Nursing Visits</li> <li>▪ Physical / Occupational / Speech Therapy</li> <li>▪ Intermittent Non-Skilled Care – Home Health Aide</li> </ul> <p><b>★ Contact PA Call Center for Initial Homecare Prior Authorization by calling (646) 473-7446. For continuation of Homecare services, fax clinical to (646) 473-7449</b></p>	<ul style="list-style-type: none"> <li>▪ Hospital beds</li> <li>▪ Standard &amp; Custom wheelchairs</li> <li>▪ Negative Pressure Wound Therapy (Input)</li> <li>▪ All Prosthetic Devices</li> <li>▪ Speech Devices</li> <li>▪ Wearable Defibrillators</li> <li>▪ Electrical Stimulator</li> <li>▪ Devices for cancer</li> <li>▪ Oxygen therapy</li> </ul>	<ul style="list-style-type: none"> <li>▪ BiPAP</li> <li>▪ Bone Growth Stimulator</li> <li>▪ INR Machine</li> <li>▪ TENS</li> <li>▪ Pneumatic Compression Devices</li> <li>▪ Oral Appliances</li> <li>▪ Ventricular (VAD) Assist Devices</li> <li>▪ Hospital Grade Breast Pumps</li> </ul>
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<b>By Express Scripts</b>	<b>By eviCore Outpatient Services</b>		
<p><b>Prescription Drug</b></p> <p>Refer to website @ <a href="http://www.1199SEIUBenefits.org">www.1199SEIUBenefits.org</a> for medications that require prior authorization or call (800) 753-2851</p>	<ul style="list-style-type: none"> <li>▪ <b>Molecular &amp; Genomic Laboratory Testing Procedures</b></li> <li>▪ <b>Radiology Advanced Imaging &amp; Nuclear Cardiology</b></li> <li>▪ <b>Radiation Therapy</b></li> <li>▪ <b>Medical Oncology – injectables &amp; Oral Chemotherapeutics including supportive agents</b></li> </ul> <p>(888) 910-1199 (phone) ★ <a href="http://www.eviCore.com">www.eviCore.com</a></p>		
<b>By Wellness/MAP</b>			
<p><b>Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP).</b></p> <p>646-473-6868 (phone)</p>			