



1199SEIU Benefit and Pension Funds Prior Authorization List ★

By CareAllies	By the Fund		
<p>1. Medical and Behavioral Health Inpatient Hospital Admissions</p> <ul style="list-style-type: none"> ▪ Notification / Certification of ALL admissions ▪ Continued Stay Review ▪ Acute Physical Rehabilitation ▪ Hospice (Inpatient) ▪ Expedited, 1st + 2nd Appeal levels <p>2. Outpatient Services and/or Ambulatory Surgical Procedures</p> <ul style="list-style-type: none"> ▪ Bariatric & Metabolic Surgery (inpatient and outpatient) ▪ Spine (inpatient and outpatient) ▪ Transplant Evaluation (inpatient/outpatient) ▪ Oral Pharynx ▪ Gender Reassignment ▪ Potential Cosmetic <ul style="list-style-type: none"> ✓ Breast – Reduction Mammoplasty, Removal Implants, Revision ✓ Skin Integumentary – Dermabrasion, Chemical Peel, Laser Technique ✓ Eyes/Nose – Blepharoplasty, Rhinoplasty, Nasal Reconstruction ✓ Head/Ear – Cervicoplasty ✓ Trunk/Body – Abdominoplasty, Lipectomy ✓ Jaw/Face – TMJ related surgeries and reconstruction ✓ Vein Treatment ✓ Vascular Embolization ▪ Unlisted Procedures <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>3. Request for Chiropractic Services beyond 12 visits per calendar year</p> <p>(800) 227-9360 (phone) ★ (866) 535-8972 (fax)</p>	<p>1. Outpatient Services/Procedures</p> <ul style="list-style-type: none"> ▪ Full and Split Night Sleep Studies ▪ Hyperbaric Oxygen Therapy ▪ Ambulance Service (non-emergent) ▪ Cardiac/Pulmonary Rehabilitation ▪ Lymphedema Therapy <p>2. Durable Medical Equipment</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ▪ Hospital beds ▪ All wheelchairs ▪ Insulin pump/CBGM ▪ Negative Pressure Wound Therapy ▪ All Prosthetic Devices ▪ Speech Devices </td> <td style="vertical-align: top; padding-left: 20px;"> <ul style="list-style-type: none"> ▪ Oxygen therapy ▪ BiPAP ▪ Bone Growth Stimulator ▪ PT/INR Machine ▪ TENS ▪ Pneumatic Compression Devices </td> </tr> </table> <p><i>NOTE: Provider must be credentialed to provide service.</i></p> <p>3. Request for Outpatient Physical/Occupational/ Speech therapy beyond 25 visits per discipline per calendar year requires a medical necessity review prior to services being delivered.</p> <p>4. Requests for Outpatient Allergy visit beyond 20 per calendar years requires a medical necessity review prior to services being delivered.</p> <p>5. Home Care Services</p> <ul style="list-style-type: none"> ▪ Intermittent Skilled Nursing Visits (RN) ▪ Physical / Occupational / Speech Therapy ▪ Intermittent Non-Skilled Care – Home Health Aide ▪ Enteral feedings <p>(646) 473-7446 (phone) ★ (646) 473-7447 (fax)</p>	<ul style="list-style-type: none"> ▪ Hospital beds ▪ All wheelchairs ▪ Insulin pump/CBGM ▪ Negative Pressure Wound Therapy ▪ All Prosthetic Devices ▪ Speech Devices 	<ul style="list-style-type: none"> ▪ Oxygen therapy ▪ BiPAP ▪ Bone Growth Stimulator ▪ PT/INR Machine ▪ TENS ▪ Pneumatic Compression Devices
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By Express Scripts	By eviCore Outpatient Services		
<p>Prescription Drug</p> <p>Refer to website @ www.1199SEIUBenefits.org for medications that require prior authorization or call (800) 753-2851</p>	<ul style="list-style-type: none"> ▪ Molecular & Genomic Laboratory Procedures (844) 840-1199 (phone) ★ www.eviCore.com ▪ Radiology ▪ Radiation Therapy ▪ Medical Oncology <p>(888) 910-1199 (phone) ★ www.eviCore.com</p>		
By Wellness/MAP			
<p>Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP).</p> <p>646-473-6868 (phone)</p>			

This may not be an all-inclusive list. Pre-authorization requirements are regularly updated + are therefore subject to change; periodically visit the website at www.1199SEIUBenefits.org.

These services apply to the 1199SEIU National Benefit Fund, the Greater New York Benefit Fund, and the Home Care Benefit Fund.