



# 1199SEIU Benefit and Pension Funds Prior Authorization List ★

By CareAllies	By the Fund		
<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> </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 and outpatient)</li> <li>▪ Spine (inpatient and outpatient)</li> <li>▪ Transplant Evaluation (inpatient/outpatient)</li> <li>▪ Oral Pharynx</li> <li>▪ Gender Dysphoria Treatment</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> </ul> </li> <li>▪ Unlisted Procedures</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</li> <li>▪ Hyperbaric Oxygen Therapy</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 style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>▪ Hospital beds</li> <li>▪ All wheelchairs</li> <li>▪ Insulin pump/CBGM</li> <li>▪ Negative Pressure Wound Therapy</li> <li>▪ All Prosthetic Devices</li> <li>▪ Speech Devices</li> </ul> </td> <td style="vertical-align: top; padding-left: 20px;"> <ul style="list-style-type: none"> <li>▪ Oxygen therapy</li> <li>▪ BiPAP</li> <li>▪ Bone Growth Stimulator</li> <li>▪ PT/INR Machine</li> <li>▪ TENS</li> <li>▪ Pneumatic Compression Devices</li> </ul> </td> </tr> </table> <p><b><i>NOTE: Provider must be credentialed to provide service.</i></b></p> <p><b>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.</b></p> <p><b>4. Requests for Outpatient Allergy visit beyond 20 per calendar years requires a medical necessity review prior to services being delivered.</b></p> <p><b>5. Home Care Services</b></p> <ul style="list-style-type: none"> <li>▪ Intermittent Skilled Nursing Visits (RN)</li> <li>▪ Physical / Occupational / Speech Therapy</li> <li>▪ Intermittent Non-Skilled Care – Home Health Aide</li> <li>▪ Enteral feedings</li> </ul> <p>(646) 473-7446 (phone) ★ (646) 473-7447 (fax)</p>	<ul style="list-style-type: none"> <li>▪ Hospital beds</li> <li>▪ All wheelchairs</li> <li>▪ Insulin pump/CBGM</li> <li>▪ Negative Pressure Wound Therapy</li> <li>▪ All Prosthetic Devices</li> <li>▪ Speech Devices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Oxygen therapy</li> <li>▪ BiPAP</li> <li>▪ Bone Growth Stimulator</li> <li>▪ PT/INR Machine</li> <li>▪ TENS</li> <li>▪ Pneumatic Compression Devices</li> </ul>
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By Express Scripts	By eviCore Outpatient Services		
<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 Procedures</b> (844) 840-1199 (phone) ★ <a href="http://www.eviCore.com">www.eviCore.com</a></li> <li>▪ <b>Radiology</b></li> <li>▪ <b>Radiation Therapy</b></li> <li>▪ <b>Medical Oncology</b></li> </ul> <p>(888) 910-1199 (phone) ★ <a href="http://www.eviCore.com">www.eviCore.com</a></p>		
By Wellness/MAP			
<p><b>Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP).</b></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](http://www.1199SEIUBenefits.org).*

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