### 1199SEIU Benefit and Pension Funds
Prior Authorization List ★

#### By CareAllies

**1. Medical and Behavioral Health Inpatient Hospital Admissions**
- Notification / Certification of ALL admissions
- Continued Stay Review
- Acute Physical Rehabilitation
- Hospice (Inpatient)
- Expedited, 1st + 2nd Appeal levels

**2. Outpatient Services and/or Ambulatory Surgical Procedures**
- Bariatric & Metabolic Surgery (inpatient/outpatient)
- Cart-T Therapy (inpatient/outpatient)
- Electrophysiologic Operative and Intra Cardiac
- Gender Dysphoria Treatment
- Oral Pharynx
- Potential Cosmetic
  - Breast – Reduction Mammaplasty, Removal
  - Skin Integumentary – Dermabrasion, Chemical
  - Eyes/Nose – Blepharoplasty, Rhinoplasty, Nasal
  - Head/Ear – Cervicoplasty
  - Trunk/Body – Abdominoplasty, Lipectomy
  - Jaw/Face – TJM related surgeries and reconstruction
  - Vein Treatment
  - Vascular Embolization
- Spine (inpatient and outpatient)
- Transplant Evaluation (inpatient/outpatient)
- Unlisted Procedures
- Ventricular Assist Devices (insertion, replacement, and removal)

These pre-certification requirements apply to any setting of care where care is provided, whether physician office, ambulatory care center, or inpatient hospital stay.

**3. Request for Chiropractic Services beyond 12 visits per calendar year**
(800) 227-9360 (phone) ★ (866) 535-8972 (fax)

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#### By the Fund

**1. Outpatient Services/Procedures**
- Full and Split Night Sleep Studies (OSA Testing)
- Hyperbaric Oxygen Therapy (HBOT)
- Ambulance Service (non-emergent)
- Cardiac/Pulmonary Rehabilitation
- Lymphedema Therapy

**2. Durable Medical Equipment**
- Hospital beds
- Standard & Custom wheelchairs
- Insulin pump/CGM
- Negative Pressure Wound Therapy (Input)
- All Prosthetic Devices
- Speech Devices
- Wearable Defibrillators
- Oxygen therapy
- BiPAP
- Bone Growth Stimulator
- INR Machine
- TENS
- Pneumatic Compression Devices
- Oral Appliances
- Ventricular (VAD) Assist Devices

**NOTE:** Provider must be credentialed to provide service.

**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.**

**4. Requests for Outpatient Allergy visit beyond 20 per calendar years requires a medical necessity review prior to services being delivered.**

**5. Home Care Services**
- Intermittent Skilled Nursing Visits
- Private Duty Nursing (120 hours per calendar year)
- Physical / Occupational / Speech Therapy
- Intermittent Non-Skilled Care – Home Health Aide
- Enteral feedings

(646) 473-7446 (phone) ★ (646) 473-7447 (fax)

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#### By Express Scripts

**Prescription Drug**
Refer to website @ www.1199SEIUBenefits.org for medications that require prior authorization or call
(800) 753-2851

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#### By eviCore Outpatient Services

- Molecular & Genomic Laboratory Procedures
- Radiology
- Radiation Therapy
- Medical Oncology

(888) 910-1199 (phone) ★ www.eviCore.com

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#### By Wellness/MAP

**Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP).**
646-473-6868 (phone)

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This may not be an all-inclusive list. Pre-authorization requirements are regularly updated and 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. 4/1/2019