



**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 ▪ Inhaled Nitric Oxide (INO) request require separate authorization <p>2. Outpatient Services and/or Ambulatory Surgical Procedures</p> <ul style="list-style-type: none"> ▪ Bariatric & Metabolic Surgery (inpatient/outpatient) ▪ Cart-T Therapy (inpatient/outpatient) ▪ Electrophysiologic Operative and Intra Cardiac ▪ Gender Dysphoria Treatment ▪ Oral Pharynx ▪ 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 ▪ Spine (inpatient and outpatient) ▪ Transplant Evaluation (inpatient/outpatient) ▪ Unlisted Procedures ▪ Ventricular Assist Devices (insertion, replacement, and removal) <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 (OSA Testing) ▪ Hyperbaric Oxygen Therapy (HBOT) ▪ Ambulance Service (non-emergent) ▪ Cardiac/Pulmonary Rehabilitation ▪ Lymphedema Therapy <p>2. Durable Medical Equipment</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> ▪ Hospital beds ▪ Standard & Custom wheelchairs ▪ Insulin pump/CGM ▪ Negative Pressure Wound Therapy (Input) ▪ All Prosthetic Devices ▪ Speech Devices ▪ Wearable Defibrillators </td> <td> <ul style="list-style-type: none"> ▪ Oxygen therapy ▪ BiPAP ▪ Bone Growth Stimulator ▪ INR Machine ▪ TENS ▪ Pneumatic Compression Devices ▪ Oral Appliances ▪ Ventricular (VAD) Assist Devices </td> </tr> </table> <p align="center"><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. Enteral feedings</p> <p>6. Private Duty Nursing (120 hours per calendar year)</p> <p>(646) 473-7447 (fax)</p> <p>★ Home Care Services</p> <ul style="list-style-type: none"> ▪ Intermittent Skilled Nursing Visits ▪ Physical / Occupational / Speech Therapy ▪ Intermittent Non-Skilled Care – Home Health Aide <p>★ 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</p>	<ul style="list-style-type: none"> ▪ Hospital beds ▪ Standard & Custom wheelchairs ▪ Insulin pump/CGM ▪ Negative Pressure Wound Therapy (Input) ▪ All Prosthetic Devices ▪ Speech Devices ▪ Wearable Defibrillators 	<ul style="list-style-type: none"> ▪ Oxygen therapy ▪ BiPAP ▪ Bone Growth Stimulator ▪ INR Machine ▪ TENS ▪ Pneumatic Compression Devices ▪ Oral Appliances ▪ Ventricular (VAD) Assist Devices
<ul style="list-style-type: none"> ▪ Hospital beds ▪ Standard & Custom wheelchairs ▪ Insulin pump/CGM ▪ Negative Pressure Wound Therapy (Input) ▪ All Prosthetic Devices ▪ Speech Devices ▪ Wearable Defibrillators 	<ul style="list-style-type: none"> ▪ Oxygen therapy ▪ BiPAP ▪ Bone Growth Stimulator ▪ INR Machine ▪ TENS ▪ Pneumatic Compression Devices ▪ Oral Appliances ▪ Ventricular (VAD) Assist Devices 		
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 ▪ 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.