1199SEIU BENEFIT FUNDS CARE MANAGEMENT PROGRAM QUICK REFERENCE GUIDE

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, first- and second-level appeals
- Inhaled nitric oxide (INO) requests require separate authorization

2. Outpatient Services and/or Ambulatory Surgical Procedures

- Bariatric and metabolic surgery (inpatient and outpatient)
- Cart-T therapy (inpatient and outpatient)
- Electrophysiologic operative and intra-cardiac
- Gender-affirming surgery
- Hypoglossal nerve stimulation device (Inspire)
- Oral pharynx
- Osseointergrated implant, revision, removal to external speech processor
- Potential cosmetic
 - » Breast reduction mammoplasty, implant removal, 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)
- Sinus endoscopy balloon dilatation
- Skin subcutaneous injection filing materials
- Transplant evaluation (inpatient and outpatient)
- Unlisted procedures
- Ventricular assist devices (VAD) insertion, replacement and removal

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

 Request for Chiropractic Services Beyond 12 Visits per Calendar Year

(800) 227-9360 (phone) • (866) 535-8972 (fax)

By the Benefit Funds

1. Outpatient Services/Procedures

- Full- and split-night sleep studies (OSA Testing)
- Hyperbaric Oxygen Therapy (HBOT)
- Cardiac/pulmonary rehabilitation
- Lymphedema therapy
- Non-emergent ambulance transport

2. Durable Medical Equipment

- Hospital beds
- Standard and custom wheelchairs
- Negative pressure wound
- All prosthetic devices
- Speech devices
- Wearable defibrillators
- Electrical stimulator devices for cancer
- Oxygen therapy

- BiPAP
- Bone growth stimulator
- INR machine therapy
- TENS
- Pneumatic compression devices
- Oral appliances
- Ventricular assist devices (VAD)
- Hospital-grade breast pumps

NOTE: Provider must be credentialed to provide service.

- 3. Request for Outpatient Physical/Occupational/Speech Therapy Beyond 25 Visits per Discipline per Calendar Year
- 4. Requests for Outpatient Allergy Visits Beyond 20 per Calendar Year
- 5. Enteral Feedings
- 6. Private-duty Nursing (120 Hours per Calendar Year)
- 7. Long Term Acute Care Hospital (LTACH)

All requests should be faxed to (646) 473-7447.

Home Care Services

- Intermittent skilled nursing visits
- Physical/occupational/speech therapy
- Intermittent non-skilled care home health aide

Contact PA Call Center for initial home care prior authorization by calling (646) 473-7446. For continuation of home care services, fax clinical to (646) 473-7449.

By ExpressScripts

Prescription Drug

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

By Wellness Member Assistance Program

Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP)

(646) 473-6868 (phone)

By eviCore Outpatient Services

Molecular and Genomic Laboratory

Radiology Advanced Imaging and Nuclear Cardiology Radiation Oncology

Medical Oncology – injectables and oral chemotherapeutics, including supportive agents

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

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

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

CAREALLIES

Medical Management for Hospital Services Quick Reference Contact Sheet

Department	Phone	Fax
Medical and Behavioral Health Utilization Management	(800) 227-9360 Prompts:	(866) 535-8972 (Medical)
8:30 am to 6:00 pm ET, Monday to Friday Notification/certification of ALL admissions Continued-stay review Acute physical rehabilitation Hospice (inpatient) Expedited appeals Outpatient/ambulatory surgical procedure certification Evaluation for consideration of potential transplant	 Press 1 for English Press 1 if you know your party's extension Press 2 for any questions on claims, eligibility or benefits Press 3 for mental health or chemical dependency Press 4 for hospital admission or outpatient services. Press 2 for Spanish 	(855) 816-3497 (Behavioral Health)
Hospital Discharge Notifications 8:00 am to 9:00 pm ET, Monday to Friday	(800) 378-7456 Automated system to enter the patient's actual discharge date (To operate the system, the CareAllies case number and admission date will be needed.)	N/A

Pre-service coverage determination is valid for 90 days from certification. If the admission date changes, the level of care changes or additional days are required, you must contact CareAllies. These services apply to the 1199SEIU National Benefit Fund, the 1199SEIU Greater New York Benefit Fund and the 1199SEIU Home Care Benefit Fund.

Medical Operations 8:30 am to 7:00 pm ET, Monday to Friday Initial denials Peer-to-peer physician calls	(800) 253-6647	(877) 243-9520
Medical Appeals (standard and expedited) 8:00 am to 7:00 pm ET, Monday to Friday • First- and second-level appeals*	(800) 232-7497	(877) 830-8833
Behavioral Health Appeals (standard) 9:00 am to 4:00 pm ET, Monday to Friday • First- and second-level appeals	(800) 241-4057 ext. 7962009	(855) 816-3497

Medical Management	For Behavioral Health Appeals	1199SEIU Benefit Funds
CareAllies	Correspondence Only:	Claim Appeals
150 S Warner Rd., 3rd Floor	Central Appeals Department	P.O. Box 646
King of Prussia, PA 19406	PO Box 188064	New York, NY 10108-0646
	Chattanooga, TN 37422	
Medical Appeals Correspondence	Behavioral Health (for General	(Applicable to second-level appeals only for
CareAllies Appeals	Correspondence):	pre-service ambulatory surgery procedures/
PO Box 188056	CareAllies	outpatient services that require pre-authorization
Chattanooga, TN 37422-8056	11095 Viking Drive, Suite 350	by CareAllies; scheduled non-emergent hospital
-	Eden Prairie, MN 55344	admissions must be directed to the Benefit Funds.)

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CAREALLIES

Outpatient Services and/or Ambulatory Surgical Procedures that Require Pre-authorization

The following categories and procedures require a prospective medical necessity review, effective 1/1/2023:

- Bariatric and metabolic surgery (inpatient and outpatient)
- Cart-T therapy (inpatient and outpatient)
- Electrophysiologic operative and intra-cardiac
- Gender-affirming procedures (inpatient and outpatient)
- Hypoglossal nerve stimulation device (Inspire)
- Oral pharynx
- Osseointergrated implant, revision, removal to external speech processor
- Potential cosmetic
 - » Breast reduction mammoplasty, implant removal, revision
 - » Skin integumentary dermabrasion, chemical peel, laser technique
 - » Skin subcutaneous injection filing materials
 - » 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 and outpatient)
- Unlisted procedures
- Ventricular assist devices (VAD) insertion, replacement and removal

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

Contact Information:		
CareAllies for Pre-certification	Medical Management	Appeals Correspondence
8:30 am to 6:00 pm ET, Monday to Friday (800) 227-9360 (phone) (866) 535-8972 (fax)	CareAllies 150 S Warner Road, 3rd Floor King of Prussia, PA 19406	CareAllies Appeals PO Box 188056 Chattanooga, TN 37422-8056
1199SEIU Benefit Funds' 24-Hour Retrieval System for Eligibility Verification/Claims Status (888) 819-1199 (For Providers Only)		

Provider's Tax ID number, member's ID number and patient's DOB are required to retrieve eligibility. Press 1 for Hospital Benefit and the system will provide benefit effective date and the Funds' primary or secondary responsibility, or you may call the Benefit Funds' Provider Hotline at (646) 473-7160 (Monday to Friday, 9:00 am to 5:00 pm ET) or email Providers@1199Funds.org.

Pre-Service coverage determination is valid for 90 days from certification. If the ambulatory procedure date changes, the level of care changes or the member is admitted urgently following the outpatient surgery, it is important that you notify CareAllies.

Note: Pre-certification requirements are regularly updated and are therefore subject to change. Periodically visit www.1199SEIUBenefits.org for updates.

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

CAREALLIES AND 1199SEIU BENEFIT FUNDS

Medical Management for Chiropractic Services Quick Reference Contact Sheet

Department	Phone	Fax
Pre-Authorization for Chiropractic Services Beyond 12 Visits per Calendar Year	(800) 227-9360	(866) 535-8972
8:30 am to 6:00 pm ET, Monday to Friday		
Medical Operations 8:30 am to 7:00 pm ET, Monday to Friday Initial denials Peer-to-peer chiropractic reviews	(800) 253-6647	(877) 243-9520
First Appeal 8:30 am to 7:00 pm ET, Monday to Friday	(800) 232-7497	(877) 830-8833

1199SEIU Benefit Funds

Second Appeal (646) 473-8951 (646) 473-8958
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Mailing Address for Initial Requests and First Appeal:

Mailing Address for Second Appeal:

Medical Management

CareAllies 150 S Warner Rd., 3rd Floor King of Prussia, PA 19406

Appeals Correspondence:

CareAllies Appeals PO Box 188052 Chattanooga, TN 37422-8056 1199SEIU Benefit Funds

Claims Appeals PO BOX 646

New York, NY 10108-0646

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

MEDREVIEW (NYCHSRO)
Focus DRG Validation and Readmission Review Programs Quick Reference Contact Sheet

Department	Phone	Fax
Services Provided by MedReview/ NY County Health Services Review Organization (NYCHSRO)	(212) 897-6000 (main line)	(212) 897-6010
Monday to Friday, 9:00 am to 5:00 pm ET		
MedReview 199 Water Street, 27th Floor New York, NY 10038		
Electronic Document Submission	Portal	Email
Provider Portal	Upload: Portal@Medreview.US (preferred method)	Med-Review-MedicalRecords@Med- Review.US

Visit our website @ www.1199SEIUBenefits.org

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EVICORE

Medical Management Outpatient Services Quick Reference Contact Sheet

Services	Phone	Website/Provider Portal
Prior Authorization Outpatient Services		
Molecular and genomic laboratory	(888) 910-1199, 7:00 am to 7:00 pm ET	
Radiology advanced imaging and nuclear cardiology		Website: www.eviCore.com
Radiation oncology		Website. www.evicore.com
Medical oncology – injectables and oral chemotherapeutics, including supportive agents		eviCore provider portal for electronic prior authorization and document submission: www.evicore.com/provider#login
Mailing Address for First-level Appeals:		
Clinical Appeal Dept. 400 Buckwalter Place Blvd Bluffton, SC 29910		

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

ISLAND PEER REVIEW ORGANIZATION (IPRO) Third-level Inpatient Hospital Appeals Quick Reference Contact Sheet

Services	Phone	Website/Provider Portal
Third-level Inpatient Hospital Appeals Documents can be mailed to IPRO/Nancy Ryan 1979 Marcus Avenue, 1st Floor Lake Success, NY 11042	Hours of operation: Monday to Friday, 8:30 am to 4:30 pm ET Or call 24/7 (516) 209-5411	Third-level hospital appeals can be submitted through an IPRO secure via DropZone. Contact Betty Amani directly for set-up. Betty Amani BAmani@ipro.org Manager, Corporate Programs https://independentreview.ipro.org Website: http://ipro.org