

### SERVICES BY CONTRACTED PROVIDERS FOR HMO, HMO-POS and HMO-SNP PLANS

Authorization Not Required	Authorization May Be Required	Authorization Always Required
<p>The following providers/services <b>DO NOT require an authorization</b>, in any place of service, to be performed. No referral form needs to be completed</p>	<p><b>For services not listed:</b> if the billed charge per service is \$350 or less, an <b>authorization is not required</b>. Services with a billed charge greater than \$350 <b>will require an auth</b>.</p>	<p>Referrals for the following specialties and services require a GTPA Auth number. <b>Complete the GTPA Auth Form and fax to: 1-877-218-4872.</b></p>
<p><b><u>Providers</u></b></p> <ul style="list-style-type: none"> <li>• PCPs</li> <li>• Capitated Providers and Ancillary Providers</li> <li>• Pathology Services</li> </ul> <p><b><u>Services</u></b></p> <ul style="list-style-type: none"> <li>• Emergency Room Visits</li> <li>• Emergent Ambulance Trips</li> <li>• Urgent Care Visits</li> <li>• Medicare Preventive Services</li> <li>• Professional services rendered incidental to an authorized facility admit or service</li> <li>• Allergy Testing &amp; Injections/Serums</li> <li>• Barium Enemas</li> <li>• Bone Density Tests</li> <li>• Colonoscopies, Screening</li> <li>• Colorectal Cancer Screening</li> <li>• Dopplers (except nuclear)</li> <li>• ECGs/ EKGs</li> <li>• Echocardiograms</li> <li>• Eye Glasses/Contacts AFTER Cataract Surgery</li> <li>• Flat X-rays &amp; Fluoroscopies</li> <li>• Hearing Studies, Diagnostic</li> <li>• Intravenous Pyelograms (IVPs)</li> <li>• Kidney, Ureter, Bladder X-rays</li> <li>• Mammograms</li> <li>• Pacemaker Checks</li> <li>• Pulmonary Function Testing (PFTs)</li> <li>• Refractions</li> <li>• Sutures</li> <li>• Spirometry</li> <li>• Treadmill Stress Tests</li> <li>• Ultrasounds (non OB)</li> <li>• Upper Gastrointestinal X-rays</li> <li>• Dialysis Access Vascular Service</li> </ul>	<p><b><u>Laboratory/Pathology Services</u></b> All Lab Work Should be sent to:</p> <p><b>QUEST DIAGNOSTICS</b> <i>If Quest Diagnostics is not able to perform a particular service, please submit a GTPA Authorization request.</i></p> <ul style="list-style-type: none"> <li>• Auth is Required for Genetic &amp; Molecular Testing in all places of service</li> </ul> <p><b><u>Durable Medical Equipment/P&amp;O/Supplies</u></b></p> <p>DME &amp; Prosthetics/Orthotics require an auth except for the following:</p> <ul style="list-style-type: none"> <li>• Walkers, Canes, Crutches, Commodes</li> <li>• Medical Supplies provided during an office visit</li> <li>• Ostomy Supplies</li> <li>• Nebulizers &amp; Nebulizer Supplies</li> <li>• Urological Supplies</li> <li>• Trach Supplies</li> <li>• CPAP/BiPAP Supplies</li> </ul> <p><i>Diabetic Meters &amp; Supplies are to be obtained through the Part D benefit and physician orders should request the preferred vendor when applicable.</i></p> <p><b><u>Medicare Part B Drugs</u></b></p> <p>The following categories of drugs <b>require an authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy &amp; related drugs</li> <li>• Radiopharmaceuticals</li> </ul> <p>The following categories <b>do not require an authorization:</b></p> <ul style="list-style-type: none"> <li>• Vaccinations/immunizations</li> <li>• Allergy shots/injections/serums</li> </ul> <p>All other Drugs require an authorization if the billed charge is over \$350</p>	<p><b><u>Facility Services</u></b></p> <ul style="list-style-type: none"> <li>• Inpatient Admissions <ul style="list-style-type: none"> <li>– Acute</li> <li>– LTAC</li> <li>– Mental Health</li> <li>– SNF</li> <li>– Inpatient Rehab</li> </ul> </li> <li>• Observation Stays</li> <li>• Outpatient Services, except for ER, Preventive Services, and Specific Services listed under “Authorization Not required”</li> <li>• Outpatient Surgeries</li> </ul> <p><b><u>Providers</u></b></p> <p>Authorizations are required for specialist office visits. The PCP will initiate the referral, which may include up to 6 office visits within 6 months.</p> <p><b><u>Services/Procedures</u></b></p> <ul style="list-style-type: none"> <li>• Ambulance – Non-Emergent Transports</li> <li>• Cataract Surgery</li> <li>• Colonoscopies, Diagnostic</li> <li>• Dialysis</li> <li>• EMG/Nerve Conduction Studies</li> <li>• Endoscopies</li> <li>• Holter Monitors</li> <li>• Home Health</li> <li>• Hyperbaric Treatments</li> <li>• MRIs/MRAs/CTs</li> <li>• Outpatient Rehab: PT/OT/ST, Cardiac &amp; Pulmonary Rehab, Physical Medicine Services</li> <li>• PET Scans &amp; Nuclear Medicine</li> <li>• Radiation Therapy</li> <li>• Radiologic Transcatheter Procedures</li> <li>• Sleep Studies</li> <li>• Wound Care</li> </ul>