

### 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> 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 \$35 <b>will require an auth</b>.</p>	<p>Referrals for the following specialties and services require an HPN Auth number. <b>Complete the HPN Auth Form and fax to: (713) 965-9440 or (713) 838-3422.</b></p>
<p><b>Providers</b></p> <ul style="list-style-type: none"> <li>• PCPs</li> <li>• Capitated Providers and Ancillary Providers</li> </ul> <p><b>Services</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> </ul> <p><b>Services/Procedures when performed in an office or freestanding facility:</b></p> <ul style="list-style-type: none"> <li>• Allergy Testing &amp; Injections/Serums</li> <li>• Sutures</li> <li>• Colonoscopies, Screening</li> <li>• Eye Glasses or Contacts AFTER Cataract Surgery</li> <li>• Pacemaker Checks</li> <li>• Spirometry</li> <li>• Barium Enemas</li> <li>• Bone Density</li> <li>• Dopplers (except nuclear)</li> <li>• Echocardiograms</li> <li>• ECGs / EKGs</li> <li>• Immunizations/Vaccines</li> <li>• Intravenous Pyelograms (IVPs)</li> <li>• Kidney, Ureter, Bladder X-rays</li> <li>• Flat X-rays / Fluoroscopies</li> <li>• Radiologic Transcatheter Procedures</li> <li>• Pulmonary Function Testing (PFTs)</li> <li>• Mammograms</li> <li>• Refractions</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>Laboratory/Pathology Services</b> All Lab Work Should be sent to:</p> <p><b>QUEST DIAGNOSTICS</b> If Quest Diagnostics is not able to perform a particular service, please submit an auth request</p> <ul style="list-style-type: none"> <li>• Auth is Required for Molecular &amp; Genetic Testing for all places of service</li> </ul> <p><b>Medicare Part B Drugs</b> Part B Drugs with billed charges over \$350 will require an auth, unless mentioned elsewhere</p> <p><b>Durable Medical Equipment/P&amp;O/Supplies</b> An auth is required except for the following:</p> <ul style="list-style-type: none"> <li>• Walkers, Canes, Crutches, Commodes</li> <li>• Medical Supplies, during an office visit</li> <li>• Nebulizers &amp; Nebulizer Supplies</li> <li>• Ostomy Supplies</li> <li>• CPAP/BiPAP Supplies</li> <li>• Urological Supplies</li> <li>• Trach 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>PCP REFERRALS</b> Referrals to the following specialists must be within the PCPs LPO. The referral from the PCP includes 2 office visits (one consult, one f/u visit), to be completed within 90 days. <b>Subsequent visits and services will require an authorization. Services other than office visits are subject to the authorization guidelines on this sheet.</b></p> <ul style="list-style-type: none"> <li>• Allergy &amp; Immunology</li> <li>• Dermatology</li> <li>• Endocrinology</li> <li>• Gastroenterology/Hepatology</li> <li>• General Surgery</li> <li>• Infectious Disease</li> <li>• Nephrology</li> <li>• Neurology</li> <li>• OB/Gyns</li> <li>• Ortho/Orthopedic Surgery</li> <li>• Otolaryngology/ENT</li> <li>• Podiatry</li> <li>• Pulmonology</li> <li>• Radiation Oncology</li> <li>• Rheumatology</li> <li>• Urology</li> </ul>	<p><b>Facility Services</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, exclusive only of ER and Preventive Services</li> <li>• Outpatient Surgeries</li> </ul> <p><b>Providers</b></p> <ul style="list-style-type: none"> <li>• Cardiovascular/Thoracic Surgeons</li> <li>• Cardiologists</li> <li>• Cardiac Electrophysiologists</li> <li>• Colon &amp; Rectal Surgeons</li> <li>• Neurosurgeons</li> <li>• Transplant Specialists</li> <li>• Pain Management Specialists</li> <li>• Plastic Surgeons</li> <li>• Ophthalmologists</li> <li>• Hematologists/Oncologists</li> <li>• Dietician/Nutritionists</li> <li>• Chiropractors</li> </ul> <p><b>Services/Procedures</b></p> <ul style="list-style-type: none"> <li>• Cataract Surgery</li> <li>• Endoscopies</li> <li>• Colonoscopies, Diagnostic</li> <li>• Dialysis</li> <li>• EMG/Nerve Conduction Studies</li> <li>• Ambulance – Non-Emergent Transports</li> <li>• Chemotherapy, including Drugs</li> <li>• Hearing Services, Diagnostic</li> <li>• Holter Monitors</li> <li>• Home Health</li> <li>• Outpatient Rehab: PT/OT/ST, Cardiac &amp; Pulmonary Rehab, Physical Medicine Services</li> <li>• Hyperbaric Treatments</li> <li>• MRIs/MRAs/CTs</li> <li>• PET Scans &amp; Nuclear Medicine</li> <li>• Radiation Therapy</li> <li>• Radiopharmaceuticals</li> <li>• Sleep Studies</li> <li>• Wound Care</li> </ul>