

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

<p>Authorization Not Required <i>The following providers/services DO NOT require an authorization to be performed. No referral form needs to be completed.</i></p>	<p>Authorization May Be Required</p>	<p>Authorization Always Required <i>Referrals for the following specialties and services require an MCA Auth number. Complete the MCA Auth Form and fax to (713) 973-2193</i></p>
<p style="text-align: center;"><u>Providers</u></p> <ul style="list-style-type: none"> • PCPs • Capitated Specialists <p style="text-align: center;"><u>Services</u></p> <ul style="list-style-type: none"> • Emergency Room Visits • Emergent Ambulance Trips • Urgent Care Visits • Medicare Preventive Services • Professional services rendered incidental to an authorized facility admit or service <p><u>Services/Procedures when performed in an office or freestanding facility:</u></p> <ul style="list-style-type: none"> • Colonoscopies, Screening • Eye Glasses or Contacts AFTER cataract surgery • Pacemaker Checks • Spirometry • Bone Density • ECGs / EKGs • Immunizations/Vaccines • Intravenous Pyelograms (IVPs) • Kidney, Ureter, Bladder X-rays • Flat X-Rays • Pulmonary Function Testing (PFTs) • Mammograms, Screening • Refractions 	<p style="text-align: center;"><u>Laboratory/Pathology Services</u> All Lab Work Should be sent to QUEST DIAGNOSTICS</p> <p><i>If Quest Diagnostics is not able to perform a particular service, please submit an MCA Authorization request.</i></p> <ul style="list-style-type: none"> • Auth is Required for Genetic & Molecular Testing for all places of service <p style="text-align: center;"><u>Durable Medical Equipment</u></p> <p>DME Requires an auth except for the following:</p> <ul style="list-style-type: none"> • Walkers, Canes, Crutches, Commodes • Medical Supplies provided during an office visit • Ostomy Supplies • Nebulizers & Nebulizer Supplies • Urological Supplies • Trach Supplies • CPAP/BiPAP supplies <p><i>Diabetic Meters & Supplies are to be obtained through the Part D benefit and physician orders should request the preferred vendor when applicable.</i></p>	<p style="text-align: center;"><u>Facility Services</u></p> <ul style="list-style-type: none"> • Inpatient Admissions <ul style="list-style-type: none"> – Acute – LTAC – Mental Health – SNF – Inpatient Rehab • Observation Stays • Outpatient Services, exclusive only of ER and Preventive Services • Outpatient Surgeries <p style="text-align: center;"><u>Providers</u></p> <p>Specialists must obtain an authorization for office visits and Evaluation & Management Services.</p> <p style="text-align: center;"><u>Services/Procedures</u></p> <p>All Services not listed above require an auth, including but not limited to:</p> <ul style="list-style-type: none"> • Allergy testing & injections/serums • Barium Enemas • Dopplers • Cataract Surgery • Echocardiograms • Endoscopies • Colonoscopies, Diagnostic • Dialysis • EMG/Nerve Conduction Studies • Ambulance – NonEmergent Transports • Part B Drugs (excl Imm/Vacc) • Chemotherapy, including Drugs • Hearing Services, Diagnostic • Holter Monitors • Home Health • Outpatient Rehab: PT/OT/ST, Cardiac & Pulmonary Rehab, Physical Medicine Services • Hyperbaric Treatments • MRIs/MRAs/CTs • Radiologic Transcatheter Procedures • PET Scans & Nuclear Medicine • Radiation Therapy • Treadmill Stress Tests • Upper Gis/EGDs • Sleep Studies • Sutures • Ultrasounds • Wound Care