

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 DO NOT require an authorization to be performed. No referral form needs to be completed.</p>	<p>For services not listed: if the billed charge per service is \$350 or less, an authorization is not required. Services with a billed charge greater than \$350 will require an auth.</p>	<p>Referrals for the following specialties and services require a TexanPlus Auth number. Complete the Auth Form and fax to: (713) 965-9440 or (713) 838-3422.</p>
<p style="text-align: center;"><u>Providers</u></p> <ul style="list-style-type: none"> • PCPs • Capitated Providers and Ancillary Providers <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 • Immunizations/Vaccinations • 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"> • Allergy Testing & Injections/Serums • Sutures • Eye Glasses or Contacts AFTER Cataract Surgery • Pacemaker Checks • Spirometry • Barium Enemas • Bone Density • Dopplers (except nuclear) • Echocardiograms & EKGs • Intravenous Pyelograms (IVPs) • Kidney, Ureter, Bladder X-rays • Flat X-rays & Fluoroscopies • Radiologic Transcatheter Procedures • Pulmonary Function Testing (PFTs) • Mammograms • Treadmill Stress Tests • Ultrasounds (non-OB) • Upper Gastrointestinal X-rays • Colonoscopies, Screening • Dialysis Access Vascular Service 	<p style="text-align: center;"><u>Laboratory/Pathology Services</u></p> <p>All Lab Work Should be sent to:</p> <p style="text-align: center;">QUEST DIAGNOSTICS</p> <p>If Quest Diagnostics is not able to perform a particular service, please submit an auth request.</p> <ul style="list-style-type: none"> • Auth is Required for Genetic & Molecular Testing for all places of service <p style="text-align: center;">Medicare Part B Drugs</p> <p>Part B Drugs with billed charges over \$350 will require an auth, unless mentioned elsewhere</p> <p><u>Durable Medical Equipment/P&O/Supplies</u></p> <p>An auth is required except for the following:</p> <ul style="list-style-type: none"> • Walkers, Canes, Crutches, Commodes • Medical Supplies, during an office visit • Nebulizers & Nebulizer Supplies • Ostomy Supplies • CPAP/BiPAP Supplies • Urological Supplies • Trach Supplies <p style="text-align: center;"><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;">PCP REFERRALS</p> <p>Referrals to the following specialists must be within the PCPs LPO. The referral from the PCP includes 2 visits (one consult, one f/u visit), to be completed within 90 days. Subsequent visits and services will require an authorization.</p> <ul style="list-style-type: none"> • Allergy & Immunology • Endocrinology • Gastroenterology/Hepatology • General Surgery • Infectious Disease • Nephrology • Neurology • Ob/Gyn • Ortho/Orthopedic Surgery • Otolaryngology/ENT • Podiatry • Pulmonology • Radiation Oncology • Rheumatology • Urology 	<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> <ul style="list-style-type: none"> • Cardiovascular/Thoracic Surgeons • Cardiologists • Cardiac Electrophysiologists • Chiropractors • Colon & Rectal Surgeons • Neurosurgeons • Dermatologists • Transplant Specialists • Pain Management Specialists • Plastic Surgeons • Ophthalmologists • Hematologists/Oncologists • Dietician/Nutritionists <p style="text-align: center;"><u>Services/Procedures</u></p> <ul style="list-style-type: none"> • Surgical Procedures done in office • Dialysis • Hearing Services, Diagnostic • EMG/Nerve Conduction Studies • Ambulance – Non-Emergent transports • Chemotherapy, including drugs • Holter Monitors • Home Health • Outpatient Rehab: PT/OT/ST, Cardiac & Pulmonary Rehab, Physical Medicine Services • Hyperbaric Treatments • MRIs/MRAs/CTs • PET Scans & Nuclear Medicine • Radiation Therapy • Radiopharmaceuticals • Sleep Studies • Wound Care