

Services Requiring Preauthorization 2017

MEDICAL SERVICES		LINE OF BUSINESS	
TYPE OF SERVICE	QUALIFIED HEALTH PLAN	MEDICARE	CONTACT
Admissions – All In Patient Services Including: <ul style="list-style-type: none"> • All Skilled Nursing Facility Admissions • All Long-Term Acute Care Admissions • All Residential Health Care Facility • Rehabilitation Services (Acute or SNF) • Respite Care • Routine Maternity Care (Authorization required for stays greater than four (4) calendar days) • Routine Maternity Care for QHP only 	Yes	Yes	Affinity Health Plan
<ul style="list-style-type: none"> • Mental Health and Partial Hospital/Residential Treatment Services 	Yes	Yes	Beacon
Automated Implantable Cardioverter Devices (AICD)	Not covered	Not covered	Affinity Health Plan
Bariatric Surgery (Including Sleeve Gastrectomy)	Yes	Not covered <i>Except medically necessary</i>	Affinity Health Plan
Continuous Local Delivery Of Anesthesia (Preauthorization is not required with surgical procedures NOT requiring preauthorization)	Yes	Yes	Affinity Health Plan
Cryotherapy	Not covered	Not covered	Affinity Health Plan

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Erectile Dysfunction Services <ul style="list-style-type: none"> In-Office or Clinic Procedures and Supplies only Registered sex offenders are not eligible for coverage of ED treatments 	Not covered	Not covered	Affinity Health Plan
Eye/Vision (Medically necessary Contact Lenses)	Yes	Yes	Affinity Health Plan
Family Planning Services	Yes	Not covered	Affinity Health Plan
Home Health Care Services (Skilled and HHA Services) <ul style="list-style-type: none"> <u>Skilled Nursing Services</u> <ul style="list-style-type: none"> Member will automatically receive two (2) skilled nursing visits during first week after hospitalization Authorization will be required for all services beyond first week after hospitalization Additional services will require doctor's order and will require pre-authorization based on medical necessity <u>Home Health Aide (HHA) Services</u> <ul style="list-style-type: none"> Member will automatically receive up to six (6) hours/day for one week (seven (7) consecutive days) after hospitalization Authorization will be required for all services beyond first week after hospitalization Additional services will require doctor's order and will require pre-authorization based on medical necessity <u>Home Health and Community Based Services</u> <ul style="list-style-type: none"> Adult Day Health Care AIDS Adult Health Care Home Delivered Meals (Covered only for former Long Term Home Health Care Program (LTHHCP) waiver participants who received this service immediately prior to their enrollment with Affinity; two (2) meals per day maximum) 	Yes <i>Preauthorization is required after 12 visits; 40 visits per plan year</i>	Yes <i>Plan covers up to 100 days</i>	Affinity Health Plan

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Home Infusion Services	Yes	Yes	Affinity Health Plan Pharmacy Dept.
Hyperbaric Therapy	Not covered	Not covered	Affinity Health Plan
Infertility Testing and Treatment <ul style="list-style-type: none"> Specialized Services such as Egg Retrieval, In-Vitro Fertilization, etc. Infertility treatment is not covered, only diagnosis of infertility is covered 	Yes <i>Advanced Infertility is not covered</i>	Not covered	Affinity Health Plan
OTHER HEALTH SERVICES Including:			
<ul style="list-style-type: none"> CDPAP Clinical Trials Court Ordered Services Cosmetic Procedures Elective Delivery End-of-Life Erectile Dysfunction Experimental & Investigational Services (Determined on a case by case basis. Refer request to Medical Management.) Hemophilia Infusion Therapy Medical Social Services Over-the-Counter Medical Supplies Oxygen Therapy Personal Emergency Response System (PERS) Post-Partum Home Health Care Services Post-partum Maternal Depression Screening Reconstructive and Corrective Surgery 	Yes <i>The following services are not covered: CDPAP, Cosmetic Procedures, Erectile Dysfunction, Experimental & Investigational, Hemophilia, Medical Social Services, Over-the-Counter Medical Supplies, PERS</i>	Yes <i>The following services are not covered: CDPAP, Cosmetic Procedures, Erectile Dysfunction, Experimental & Investigational, Hemophilia, Medical Social Services, Over-the-Counter Medical Supplies, PERS</i>	Affinity Health Plan

	QUALIFIED HEALTH PLAN	MEDICARE	CONTACT
<ul style="list-style-type: none"> • Second Opinion (Medical/Surgical) • Sleep Apnea (In-Patient) • Smoking Cessation (Counseling) • Telemedicine • Transgender 			
OUTPATIENT SERVICES Including:			
<ul style="list-style-type: none"> • Ambulatory Surgery <ul style="list-style-type: none"> ➢ All Ambulatory Out of Network (OON) Surgeries ➢ All Hospital based ambulatory surgeries with the exception of the following procedures which do not require authorization at the hospital setting: <ul style="list-style-type: none"> 42820 – TONSILECTOMY/ADENOIDECTOMY 43235 – EGD 43239 – EGD W BX 45378 – 45398 COLONOSCOPIES 47562 – LAPCHOLECYSTECTOMY 58558 – HYSTERECTOMY W BX 66984 – CATARACT EXTRACTION 92557 – AUDIOMETRY TESTING • Cardiac Rehabilitation (Covered only if provided in an office setting, hospital outpatient departments, freestanding diagnostic and treatment centers and Federally Qualified Health Centers) • Hospice Services <ul style="list-style-type: none"> *Note: Family members are eligible for up to 5 visits for bereavement counseling Please note Hospice Services are Not Covered in combination with the following: <ul style="list-style-type: none"> ➢ Private Duty Nursing ➢ Certified Home Health Agency ➢ Adult Day Health Care Services 	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Affinity Health Plan</p> <p>Affinity Health Plan</p> <p>Affinity Health Plan</p>

	QUALIFIED HEALTH PLAN	MEDICARE	CONTACT
<ul style="list-style-type: none"> Mental Health and Partial Hospital/Residential Treatment Services 	Yes	Yes	Beacon
<ul style="list-style-type: none"> Other Mental Health Services <ul style="list-style-type: none"> ➤ BH (Behavioral Health) ➤ HCBS (Home and Community Based Services) ➤ BH HCBS Assessment (Eligibility Brief Assessment; Full Assessment) ➤ Education Support Services ➤ Employment Supports (Pre-Vocational; Transitional Employment; Intensive Supported Employment; On-Going Supported Employment) ➤ Family Support and Training ➤ Habilitation ➤ Health Home Care Coordination (Intensive Case Management/Supportive Case Management) ➤ Non-Medical Transportation ➤ Peer Supports ➤ Rehabilitation (ACT-Assertive Community Treatment; PROS-Personalized Recovery Oriented Services; Rehabilitation Services for Residents of Community Residences; Psychological Rehabilitation; CPST (Community Psychiatric Support and Treatment) ➤ Residential Addiction Treatment Services ➤ Substance Use Disorder ➤ Respite (Short-Term Crisis Respite - Intensive Crisis Respite) 	Not covered	Not covered	Beacon
Out-of-Area Services (All services not in Affinity Health Plan's service area)	Yes	Yes	Affinity Health Plan
Out-of-Network Services (Except "OPEN ACCESS" services defined by NYS DOH for MCO Members)	Not covered	Not covered	Affinity Health Plan

	QUALIFIED HEALTH PLAN	MEDICARE	CONTACT
Pain Management Procedures <ul style="list-style-type: none"> • Spinal Fusion • Other Decompression Surgeries • Facet Injections • Epidural Injections (Outpatient only) • Kyphoplasty • Vertebroplasty • Pain Infusion Pump (Back and neck pain only) • Spinal Cord Stimulator 	Yes	Yes	Affinity Health Plan
Private Duty Nursing (Medicaid Advantage Only)	Not covered	Not covered	Affinity Health Plan
Renal Dialysis only for Out-of-Network	Yes	No preauth required	Affinity Health Plan
Transplant Procedures	Yes	Yes	Affinity Health Plan
Transportation <ul style="list-style-type: none"> • Emergency Transportation (Ground-based ambulance and/or air ambulance services; includes provision of emergency services while member is being transported.) • (Non)-Emergency Transportation – (NYC'S five boroughs & Westchester receive MetroCard reimbursement at provider's office. Taxi services are covered in Suffolk, Nassau and Westchester counties. Taxi services in NYC require medical justification. Public transportation to and from. 	Yes <i>Preauthorization is required for non-emergency ambulance services</i>	Yes <i>Preauthorization is required for non-emergency ambulance services</i>	Affinity Health Plan
Uvululopalatopharyngoplasty (UPPP)	Yes	Yes	Affinity Health Plan
Ventricular Assist Devices	Yes	Yes	Affinity Health Plan
Cochlear Implants	Yes	Yes	Affinity Health Plan

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Custom Orthotics (Including Cranial Orthotics)	Yes	Yes	Affinity Health Plan
Custom Prosthetics	Yes	Yes	Affinity Health Plan
Equipments <ul style="list-style-type: none"> Home Equipment, Including Traction Equipment <ul style="list-style-type: none"> ➤ Standing System ➤ Patient Lift (Hoyer Lifts) ➤ Hospital Beds ➤ Pneumatic Chest Compression Therapy (Including High Frequency Chest Compression Devices) ➤ CPAP/BiPAP Treatment ➤ CPM Machine 	Yes	Yes	Affinity Health Plan
Motorized Wheelchairs and/or Non-Motorized Wheelchairs	Yes	Yes	Affinity Health Plan
Ostomy Supplies (Over \$500)	Yes	Not covered	Affinity Health Plan
Surgical or Compression Stockings <ul style="list-style-type: none"> Certain gradient compression stockings are covered if used in the treatment of an open venous stasis ulcer. Certain surgical stockings are covered if used in the treatment of severe of varicosities and edema during pregnancy 	Yes	Yes	Affinity Health Plan
LABORATORY SERVICES			
<ul style="list-style-type: none"> Allomap (Genetic Testing) 	Yes	Yes	Affinity Health Plan

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OTHER SERVICES Including: The following services require preauthorization effective 1/1/2017 (EVICORE)			
<ul style="list-style-type: none"> • Cardiology • PT/OT/ST (Prior authorization is not required for the first six (6) visits within the benefit period. Visits seven (7) and beyond will require prior authorization. For all lines of business except QHP, 60 visits per condition per plan year combined therapies. For QHP, 60 visits per condition per calendar year combined therapies.) • Radiation Therapy • Radiology • Sleep • Ultrasound (For a routine pregnancy, the first two (2) ultrasounds – nuchal translucency (76813) and fetal anatomy survey (76805) do not require a prior authorization. Any additional ultrasounds will need to be prior authorized.) Non-Obstetric Ultrasounds • The first ultrasound for any one specific condition (for example, pelvic ultrasound for pelvic pain, thyroid ultrasound for a thyroid mass or renal ultrasound for hematuria - does not require a prior authorization. Any additional ultrasound for the same condition will require prior authorization) 	Yes	Yes	Evicore

	QUALIFIED HEALTH PLAN	MEDICARE	CONTACT
OTHER MEDICAL SERVICES <i>For QHP only</i>			
<ul style="list-style-type: none"> • Allergy Testing and Treatment • Assistive Communication Devices for Autism Spectrum Disorder • Autologous Blood Banking • Chemotherapy • Chiropractic Services • Dental (Orthodontic and Major Dental) • Diabetic Equipment, Supplies and Self-Management Education (30 Days Insulin Supply) • Dialysis – End Stage Renal Disease • External Hearing Aids (Cochlear Implants, one (1) per ear per time covered) • Hospice Care (Inpatient/Outpatient) • Infusion Therapy (Preauthorization is required for first visit and beyond six (6)) • Inpatient Hospital for a Continuous Confinement (Mastectomy Care, Cardiac and Pulmonary Rehabilitation, End-of-life Care) • Maternity and Newborn Care (Prenatal Care, Inpatient Hospital Services and Birthing Center, Physician, Midwife and Nurse Practitioner Services for Delivery, Breast Pump, Postnatal Care) • Outpatient Hospital Surgery Facility Charge • Pre-Admission Testing • Prosthetic Devices (External and Internal) • Therapeutic Radiology Services • Second Opinions on the Diagnosis of Cancer, Surgery and Other • Surgical Services (Including Oral Surgery, Reconstructive Breast Surgery, other Reconstructive and Corrective Surgery, Transplants, and Interruption of Pregnancy) • Vision (Contact Lenses) 	Yes	N/A	Affinity Health Plan