



## Referral/Authorization Quick Reference Guide for Medicare Advantage

This is a resource tool for Medicare Advantage products. No guarantee of payment is implied. Use this guide as a quick reference tool, only. Consult the Medicare Advantage Provider Service Center at 888-609-0692 for further information.

SERVICE CATEGORY/POLICY	AUTHORIZATION/REFERRAL RULES	FORMS & OTHER RESOURCES
<a href="#">Bariatric Surgery</a>	Authorization required	<a href="#">Bariatric Surgeries Prior Authorization Request Form</a>
Breast Surgery	Authorization required	<a href="#">Breast Surgery Prior Authorization Form</a>
Cardiac Rehabilitation Services	Referral required	
Cardiology <ul style="list-style-type: none"><li>• Cardiac Resynchronization Therapy (CRT)</li><li>• Implantable Cardioverter Defibrillator (ICD)</li><li>• Pacemaker Insertion</li><li>• Echocardiography — transthoracic, transesophageal Echocardiography, and stress</li><li>• Heart Catheterization</li></ul>	Authorization required	Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Chiropractic Services	Referral required	
<a href="#">Cholecystectomy</a>	Authorization required	<a href="#">Cholecystectomy Prior Authorization Request Form</a>
<a href="#">Diabetes Management Devices/CGMS</a>	Authorization required	<a href="#">DME Prior Authorization Request Form</a>
Drugs, Medicare Part B Rx, and home infusion drugs including: <ul style="list-style-type: none"><li>• <a href="#">Antibiotics for treatment of Lyme Disease</a></li><li>• <a href="#">Antiemetics: Aloxi; Anzemet; Emend</a></li><li>• Immune Modulating Drugs: <a href="#">Kymriah</a>, <a href="#">Onpattro</a>, <a href="#">Orencia</a>, <a href="#">Remicade</a>, <a href="#">Rituxan</a>, <a href="#">Stelara</a>, <a href="#">Yescarta</a></li></ul>	Authorization required for listed drugs	<ul style="list-style-type: none"><li>• <a href="#">Medical Benefit Drugs Prior Authorization Request Form</a> (Aloxi, Anzemet, Emend)</li><li>• <a href="#">Immune Modulating Drugs Prior Authorization Request Form</a> (Orencia, Remicade, and Rituxan)</li><li>• <a href="#">Prior Authorization Request Form</a> (all others)</li></ul>
<a href="#">Durable Medical Equipment (DME)</a>	Authorization required	<ul style="list-style-type: none"><li>• <a href="#">DME Prior Authorization Request Form</a></li><li>• <a href="#">Diabetes Management Devices/CGMS</a></li></ul>

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End Stage Renal Disease (ESRD)	Referral required	
Eye Exams	Referral required except for annual eye exam	
Post-Acute Care Admissions for SNF, LTAC, and Acute Rehab <ul style="list-style-type: none"> <li><a href="#">Inpatient Rehabilitation/Long-Term Acute Care Hospital Services</a></li> <li><a href="#">Skilled Nursing Facility and Subacute Care</a></li> </ul>	Authorization required	<a href="#">Post-Acute Care Admission for SNF, LTAC, and Acute Rehab Prior Authorization Request Form</a>
Gastrointestinal Endoscopy – Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures	Authorization required	<a href="#">Prior Authorization Request Form</a>
Genetic Testing (Molecular Diagnostic Management)	Authorization required	<a href="#">Molecular Diagnostic Management Authorization Policy</a>
Hearing Exams	Referral required	
<a href="#">Hip Surgery</a>	Prior authorization required	<a href="#">Hip/Knee/Shoulder Surgeries (HKSS) prior authorization policy</a>
<a href="#">Home Infusion</a>	Authorization required	<a href="#">Prior Authorization Request Form</a>
<a href="#">Hysterectomy</a>	Authorization required	<a href="#">Hysterectomy Prior Authorization Request Form</a>
<a href="#">Implantable Neurostimulators</a>	Authorization required	<a href="#">Implantable Neurostimulators Prior Authorization Request Form</a>
Inpatient Hospital – Acute Medical	Prior authorization required for elective (non-urgent/emergent) admissions. Notification required for urgent/emergent admissions (within 48 hours of admission).	<a href="#">Prior Authorization Request Form</a>
Inpatient Medical – Mental Health	Prior authorization required for elective admissions.  Notification required for urgent/emergent admissions.	<ul style="list-style-type: none"> <li><a href="#">Prior Authorization Request Form</a></li> <li><a href="#">Behavioral Health Authorization and Notification Policy</a></li> </ul>
Inpatient services covered during a non-covered inpatient stay	Authorization required	<a href="#">Prior Authorization Request Form</a>
Kidney Disease Education Services	Referral required	

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Medical Nutrition Therapy	Referral required	
<a href="#">Knee Surgery</a>	Prior authorization required	<a href="#">Hip/Knee/Shoulder Surgeries (HKSS) prior authorization policy</a>
<a href="#">Medical Transportation</a>	Authorization required for all non-emergent air (fixed wing) and ground transportation.	<a href="#">Transportation Prior Authorization Request Form</a>
Non-routine Outpatient Mental Health	Authorization required	<a href="#">Behavioral Health Authorization and Notification policy</a>
Non-routine Outpatient Substance Abuse Services	Authorization required	<a href="#">Behavioral Health Authorization and Notification policy</a>
Non-routine Partial Hospitalization Substance Abuse Services	Authorization required	<a href="#">Behavioral Health Authorization and Notification policy</a>
Inpatient Hospital – Observation Stays	Notification required for observational stays (within 48 hours of admission or the next business day).	
Oncology and radiation oncology (outpatient)	Authorization required	Oncology Analytics conducts medical review of chemotherapeutic protocols (chemotherapy, support and symptom management drugs) and radiation treatment plans. <a href="#">Refer to criteria</a> for more information. Request authorization via: <a href="https://oncohealth.us/">https://oncohealth.us/</a> ; fax at 800-264-6128; or phone at 877-222-2021.
<a href="#">Outpatient Advanced Imaging</a>	Authorization required	NIA manages the prior authorization program for this service. For more information, vis NIA's website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Podiatry Services	Referral required. Prosthetics/medical Supplies Authorization required for any single item with an allowable payment amount of \$500 or more.	<a href="#">Prior Authorization Request Form</a>
Provider specialist services excluding psychiatric services	Referral required	
Pulmonary Rehabilitation Services	Referral required	

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Reconstructive and Restorative Surgeries: <ul style="list-style-type: none"> <li>Chest procedures</li> <li>Eye procedures</li> <li>Gynecomastia Surgery</li> <li>Nasal procedures</li> </ul>	Authorization required	<a href="#">Prior Authorization Request Form</a>
<a href="#">Skin procedures (including panniculectomy and removal of excess skin)</a>	Authorization required	<a href="#">Reconstructive &amp; Restorative Skin Services Prior Request Form</a>
<a href="#">Reduction Mammoplasty</a>	Authorization required	<a href="#">Breast Surgery Prior Authorization Request Form</a>
<a href="#">Shoulder Surgeries</a>	Referral required	<a href="#">Hip/Knee/Shoulder Surgeries (HKSS) prior authorization policy</a>
<a href="#">Sinus Surgeries</a>	Authorization required	<a href="#">Sinus Surgeries Prior Authorization Request Form</a>
Speech Therapy Services — Outpatient	Referral required	
<a href="#">Sleep Studies</a>	Authorization required	<a href="#">Sleep Studies prior authorization policy</a>
Spine Services: <ul style="list-style-type: none"> <li>Lumbar Spine Surgery</li> <li>Interventional Spine Pain Management Services</li> <li>Cervical Spine Surgery (Eff. 1.1.19)</li> </ul>	Authorization required	Refer to NIA website <a href="http://www.radmd.com">www.radmd.com</a> or call NIA at 800-642-7543.
<a href="#">Transgender Health Services</a>	Authorization required	
Urinary Incontinence Surgeries	Authorization required	<a href="#">Urinary Incontinence Surgeries Prior Authorization Request Form</a>
<a href="#">Varicose Vein</a>	Authorization required for certain interventional treatments for varicose veins.	<a href="#">Prior Authorization Request Form</a>