



## 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 Request 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> </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> </ul>

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<ul style="list-style-type: none"> <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>		<ul style="list-style-type: none"> <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>
End Stage Renal Disease (ESRD)	Referral required.	
Eye Exams	Referral required except for annual eye exam.	
Post-Acute Care Admission 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 Procedure	Authorization required.	<a href="#">Prior Authorization Request Form</a>
<a href="#">Genetic Testing</a> (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 Health Services</a>	Authorization required.	Please complete the <a href="#">Universal Home Health Services Prior Authorization Form</a> and fax it to 866-874-0857.
<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>

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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 Hospital — 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.	
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).	

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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="http://www.oncologyanalytics.com">www.oncologyanalytics.com</a> ; fax at 800-264-6128; or phone at 877-222-2021.
<a href="#">Outpatient Advanced Imaging</a>	Authorization required.	<a href="#">Outpatient Advanced Imaging Authorization</a>
<a href="#">Outpatient Physical &amp; Occupational Therapy Services</a>	Authorization required.	<a href="#">Outpatient Physical &amp; Occupational Therapy Services Prior Authorization Request Form</a>
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.	
Reconstructive and Restorative Surgeries: <ul style="list-style-type: none"> <li>• <a href="#">Chest procedures</a></li> <li>• <a href="#">Eye procedures</a></li> <li>• <a href="#">Gynecomastia Surgery</a></li> <li>• <a href="#">Nasal procedures</a></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 Surgery</a>	Authorization required.	<a href="#">Hip/Knee/Shoulder Surgeries (HKSS) prior authorization policy</a>

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<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>

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