

**Easy Choice Health Plan of NY
Quick Reference Pre-authorization Guide**

In general, all elective inpatient admissions and outpatient surgical procedures require Pre-authorization. Certain diagnostic and imaging studies, durable medical equipment/supplies and prescriptions also require Pre-authorization.

If you are receiving care from a Participating Provider, he/she will be responsible for obtaining Pre-authorization. If you are using your Out-of-Network (OON) benefits, it is your responsibility to obtain approval from Easy Choice Health Plan of New York.

Since clinical information is needed for Pre-authorization determinations, you should ask your OON provider to assist you in obtaining Pre-authorization from the Plan.

Please note that if you do not request Pre-authorization from Easy Choice Health Plan of New York in advance, you will be subject to a 50% penalty of what the Plan will reimburse for the service in addition to any applicable deductible and or coinsurance.

When submitting a request, the following must be provided to the Plan:

- a. Patient information
- b. Diagnosis (ICD-9)
- c. History, physical findings and results of tests
- d. Requested procedure/test and medical necessity for the request (Specify CPT code)
- e. Any other pertinent clinical information that may expedite the authorization process

Medical necessity determinations will be completed within three (3) business days after the Plan receives the above information. The Member or designee and his/her provider will be notified by telephone and in writing of the determination.

To support the Pre-authorization process, Easy Choice Health Plan of New York's Utilization Management (UM) staff is available at 800-270-9072 from 9am-5pm, Monday to Friday. This secured telephone line is available for voice mail messages after normal business hours. Calls will be returned the next business day. Additionally, clinical information may be faxed to 212-747-8375 on a 24/7 basis.

The following Procedures and Services REQUIRE Authorization:

Note: This is an **abbreviated** list and is intended to serve only as a quick-reference tool for members. This list is regularly updated by the Plan.

<u>Procedures & Services</u>	<u>Additional requirements</u>
Ambulance	Non-emergency transfers
Ambulatory/Outpatient surgery & procedures including dialysis, radiation treatment	
Anesthesia (MAC) for Office-Based Procedures including endoscopies Assistant Surgeon/Co-surgeon	
Cardiac/Pulmonary Rehabilitation	
Chiropractic Visits	By Provider of Service After 20 Visits. The first 20 visits do not need medical review but UM MUST be notified at 800-270-9072
Imaging Studies- CT, MRI, MRA, Nuclear Medicine, PET Scans, OB Ultrasounds (in excess of 2) during pregnancy	
Diagnostic procedures- EEG, EMG, nerve conduction studies, nuclear stress tests, uroflowmetry studies	
Durable Medical Equipment (DME) - Please call Member Services for more information	Prior approval should be obtained by vendor if > \$500
Genetic Testing	
Laboratory - Participating Free-Standing Lab	CBC and a Rapid Strep tests maybe done by PCP in the office
Home Infusion Therapy	
Home Health Services	RN,PT/OT, HHA, ST,SW
Hospice	
Inpatient Care	Hospital, Rehabilitation, Sub-acute, Skilled Nursing Facility
Medications	Including Chemotherapy/Biotherapy, Injectables
Mental Health and Substance Abuse	The first 8 visits do not need medical review but UM MUST be notified at 800-270-9072. Authorization required After the 8th visit. {Alcohol and chemical inpatient admission, outpatient visits, inpatient detoxification, outpatient visits for substance abuse}

Optometry	Routine Annual Exam Call Member Services at 866-747-8422
Pain Management	Outpatient
Physical/Occupational/Speech Therapy	The first 8 visits do not need medical review but UM MUST be notified at 800-270-9072. Authorization required After the 8th visit.
Sleep Studies	
Transplant	
Specialist Providers/Facility Transfers	For HMO & HNY Members: Nonparticipating (physicians, facilities, ancillary services)