

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.

Participating Providers are responsible for obtaining Pre-authorization. If Out-of-Network (OON) benefits are utilized it is the Member's responsibility to obtain pre-authorization from Easy Choice Health Plan of New York.

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

Please note that if a Pre-authorization request from Easy Choice Health Plan of New York is not obtained in advance, the Member 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 information must be provided to the Plan:

- a. Patient information
- b. Diagnosis in (ICD-9CM) code
- c. History and physical findings and any tests results
- d. Requested procedure/test (specify CPT code) and medical necessity documentation
- 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** 24hours a day 7 days a week to the following dedicated numbers:

- office or outpatient services/procedures - 212-747-8375
- hospital/in-patient services - 646-929-9252

Easy Choice Health Plan of New York

Procedures and Services that REQUIRE Pre-Authorization

Note: This is an **abbreviated** list the Plan regularly updates and is intended only as a quick-reference.

<u>Procedures & Services</u>	<u>Additional Requirements</u>
Ambulance	Non-emergency transfers
Ambulatory/Outpatient surgery & procedures	Including dialysis, radiation treatment, office based GI endoscopies and office based urological procedures
Anesthesia (MAC) for Office-Based Procedures Assistant Surgeon/Co-surgeon	Use of Non par anesthesiologist for in office elective procedure requires member signed consent submitted no less than 14 business days prior to procedure. (Form on website)
Cardiac/Pulmonary Rehabilitation	
Chiropractic Visits	Provider of Service MUST notify Utilization Management (800-270-9072) after the initial evaluation to obtain authorization. After the first 20 visits medical review is required for additional visits.
Diagnostic procedures – EEG, EMG, nerve conduction studies, nuclear stress tests, uroflowmetry studies	
Durable Medical Equipment (DME) - Please call Member Services for specific descriptions. (866-747-8422)	Prior approval to vendor of DME that costs more than \$500
Genetic Testing	Pre-authorization request should include family history
Home Health Services	Nursing, Physical, Occupational or Speech therapy, Social Work or Home Health Aide services
Hospice	PCP letter of attestation specifying diagnosis and program required.
Imaging Studies- CT, MRI, MRA, Nuclear Medicine, PET Scans, OB Ultrasounds - in excess of 2 during pregnancy	Initial requests should be accompanied by preliminary radiographs report (x-ray, etc) Repeat scan request should be accompanied by previous scan report
Infusion Therapy	Including chemotherapy and specialty drugs by diagnosis whether done in the MD office, as an outpatient or in the home. Home infusion therapy medication also requires authorization
Inpatient Care	Hospital, Rehabilitation, Sub-acute, Skilled Nursing Facility
Mammography	Screening & Diagnostic using any technology (film, digital) No auth required. Repeat mammography submit request with previous report Pre auth required
Mental Health Services Substance Abuse Services requires separate authorization from Mental Health provider	Provider of Service MUST notify Utilization Management (1-800-270-9072) after the initial evaluation to obtain authorization and provide clinical notes. Substance abuse 60 visits limit per calendar year
Organ Transplant	PCP provides Donor List approval.
Pain Management	Outpatient service, includes MD office, document of failed conservative treatment required.
Physical/Occupational/Speech Therapy	Physical, Occupational or Speech Therapy, services MUST notify Utilization Management after the initial evaluation to obtain authorization. Call 800-270-9072
Sleep Apnea Studies	PCP submits eligibility questionnaire with authorization request.
Specialty Providers – any service	