



El Paso Health
Medicare Advantage

Our Mission



Our Vision

To **build relationships** with our Members, Providers, and Partners that strengthen the delivery of healthcare in our community and **promotes access to quality healthcare** for children, families, and individuals.

We will be the region's **trusted** community health plan.

El Paso Health has been an established and trusted health plan for over 20 years.

In 2020, we proudly began providing health coverage to Medicare Beneficiaries residing in El Paso and Hudspeth Counties.

We understand El Paso and far West Texas, because this is our **Community**. We take pride in providing quality healthcare **for El Pasoans by El Pasoans**.



WE ARE YOUR LOCAL MEDICARE ADVANTAGE PLAN!!

Type of Health Plan

El Paso Health Medicare Advantage is a Health Maintenance Organization (HMO) Plan.

It is also a Dual Special Needs Plan (DSNP), available to those with Medicare and Medicaid coverage.

- Our plan covers original Medicare Part A and Part B services
- Offers Prescription Drug Coverage
- Members are required to see in network Doctors
- Provides **Supplemental Benefits**

Eligibility Requirements

Beneficiaries must meet certain eligibility requirements in order to join our Medicare Advantage Plan.

- Must be entitled to Part A and enrolled in Part B.
- Must reside in El Paso and Hudspeth service area.
- Must have adequate Medicaid Assistance Program (QMB)(QMB+)

Once Enrolled, Members receive a:

- Welcome Call
- New Member ID Card
- Notification of Elective Materials Letter _ This letter advises our members to contact Member Service to request any materials needed such as:
 - Provider Directory
 - Pharmacy Directory
 - Formulary

El Paso Health Medicare Advantage ID Card (Dual SNP)

 **El Paso Health**
Medicare Advantage

Advantage Dual SNP (HMO D-SNP)

Name: **[YOUR NAME]**
ID: **[0000000000]**
PBP: H3407-001
Plan: El Paso Health Advantage
Dual SNP (HMO D-SNP)
Effective Date:

Office Visit: \$0
Specialist: \$0
Emergency Room: \$0

PCP Name: **[YOUR PCP]**
PCP Phone: **[000-000-0000]**

Pharmacists Only:
Navitus: 1-866-270-3877
RxBin: 610602
RxPCN: NVTD
RxGRP: EHD001

EPHMedicare.com

MedicareRx
Prescription Drug Coverage

Medical Providers:
Electronic Claims
Availity Payer ID: EPF07

Paper Claims:
El Paso Health Medicare
PO Box 971100
El Paso, TX 79997

Eligibility & Prior Authorization
1-833-742-3125

Liberty Dental:
1-888-352-7924

For Members:
In case of emergency, call 9-1-1
or go to the closest emergency room.

Member Services:
1-833-742-3125
(TTY: 711)

Behavioral Health Services:
1-877-379-7647

Pharmacy Benefits:
1-833-742-3125

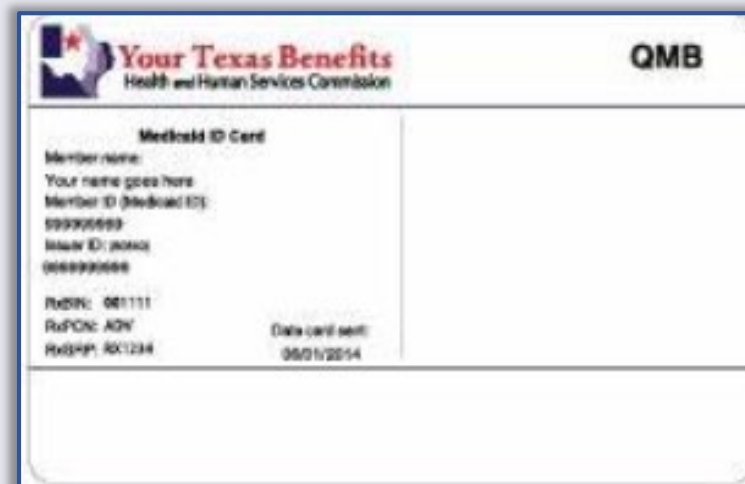
FIRSTCALL (24/7 Nurse Line):
1-844-549-2826

Members must still continue to provide their Texas Medicaid ID Card along with their EPH ID Card

Coordination of Care

Benefit Coordination

Dual Members should show **BOTH** (El Paso Health Advantage Dual SNP (HMO D-SNP) Plan ID and Medicaid) cards to all providers to assist with billing and service issues. This will reduce the error of balance billing.



NOTE: Most states require a provider to have a Medicaid ID number to receive payment from the state.

Coordinating Benefits

Coordination of Benefits_ The process by which we help coordinate services / benefits for the member between their Medicare and Medicaid plans.

- Beneficiaries have no responsibility for Medicare cost sharing for any medical services based on their level of Medicaid
- Beneficiaries receive Extra Help for Part D Prescription Drugs.
- Medicare cost sharing applied to a claim is covered under the member's Medicaid coverage which can be any of the following:
 - ✓ The plan under an agreement with the state
 - ✓ Another Medicaid MCO
 - ✓ Fee-for-Service Medicaid

Case Management Program

Case Management has been included as an added service for members. The Case Management Program provides the following:

- Assists in coordinating services and the care provided to our members who have chronic diseases and/or conditions, in an effort to keep you as healthy as possible.
- Helps with directing you through the health care system, and assists with referrals and authorizations to help meet our members' needs.
- Specialized management options will be offered to support those members with chronic diseases such as diabetes, congestive heart failure, and many others.

[CaseManagementReferralForm.pdf \(elpasohealth.com\)](#)



CASE MANAGEMENT REFERRAL FORM

To: El Paso Health
ATTN: Case Management
Phone: (915) 532-3778 ext. 1500
Fax: 915-298-7866

FROM: _____
(Physician's Office Name)
OFFICE CONTACT PERSON: _____
FAX NUMBER: _____
TELEPHONE NUMBER: _____

Member Name: _____ Medicaid/CHIP ID #: _____ DOB: _____

Member Contact Number: _____ Member Address: _____

REASON FOR REFERRAL (check all that apply and add comments when applicable):

HIGH RISK PREGNANCY

BEHAVIORAL HEALTH

ASTHMA

HEART DISEASE

DIABETES

SPECIAL HEALTH CARE NEEDS
(Individuals who have a behavioral/medical condition that is expected to last more than 12 months)

SOCIAL WORK

OBESITY

PRESENTING CONCERN:

Assistance locating covered services

Coordination of care

Non-compliance with treatment plan

Assistance obtaining durable medical equipment/medical supplies (I.e. nebulizer, peak flow meter)

Patient education (I.e. symptom management, self-management strategies, diabetes education)

Assistance accessing treatment for behavioral health diagnosis

Social concerns, please specify concern(s): _____

High risk pregnancy, please specify condition/concern: _____

Access to community resources (I.e. support/advocacy groups, basic needs)

Service Coordination

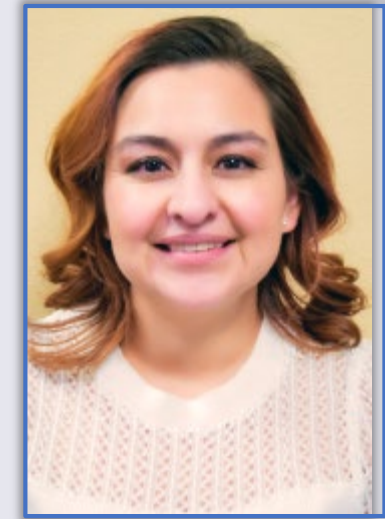
When Members need care or access to benefits, it is everyone's responsibility to help coordinate that care!



Paola Chavez
Case Manager / Service Coordinator
915-298-7198 x 1162



Angelica Jimenez
Case Manager / Service Coordinator
915-298-7198 x 1240



Mandy Bess-Oporto
Member Advocate
915-298-7198 x 1205

2024 Supplemental Benefits

El Paso Medicare Advantage (Dual SNP) Supplemental Benefits



- **24-Hour Nurse Line** – Access to a 24-hour, seven days a week bilingual (English/Spanish) medical advice line staffed by nurses and pharmacists. Assistance provided in multiple languages.



- **Transportation Service** - 96 one-way non-emergent medical visit transportation services every year. (48 hour notice required)

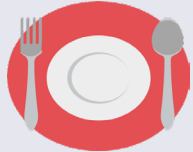


- **Dental** - \$4,000 allowance each year! It can be used for dental checkups, x-rays, routine cleaning, fillings, extractions, and dentures.

El Paso Medicare Advantage (Dual SNP) Supplemental Benefits



- **Hearing Services** - \$2,000 allowance every 2 years for hearing aids.



- **Home Delivered Meals** – Up to 14 healthy meals delivered to members who have been discharged from a Skill Nursing Facility or Hospitalization.



- **PERS (Personal Emergency Response System)** – available to members in need of device.



- **\$50 monthly allowance for the assistance of paying any of the following utilities:**
 - Gas
 - Water
 - Electricity

El Paso Medicare Advantage (Dual SNP) Supplemental Benefits

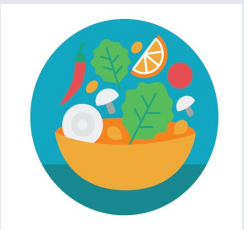


Over-the-Counter – Members receive up to \$340 each quarter for covered over-the-counter purchases. Order through our Catalog Service toothbrushes, bandages, vitamins, shampoo, lotions, hygiene and many other eligible items. The \$300 allowance renews every quarter.

\$140 per quarter for over the counter items

\$200 per quarter for hygiene products

Local Retailers: Walgreens, CVS, Walmart, Dollar General & Family Dollar



Healthy Foods - Members will receive \$200 a quarter for approved healthy food and produce items to their OTC Visa card, and it can be used to buy approved nutritional foods at local Walmarts.

Online: www.MomsMeals.com, www.FarmboxRx.com, www.GAFoods.com

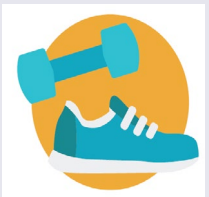
El Paso Health Medicare Advantage (Dual SNP) Supplemental Benefits



- **Vision** - Up to \$400 each year! Use it for routine eye exams, eyeglasses (frames and lenses), and/or contact lenses.



- **Podiatry** - Get ten (10) visits annually for routine podiatry care.



- **GetFit** - Members can use any of the local YMCA's by registering with their EPH Member ID card. Access to facility, Classes, Equipment, Swimming Pool, etc.

Any questions on Supplemental Benefits please call our Member Service Line 1-833-742-3125

Supplemental Benefit Vendors

- Dental Provider - Liberty Dental 1-888-700-1246 or www.libertydentalplan.com
- Vision Provider – Envolve

Eligibility & Benefits, Claim Status, Find a Provider

Hours: Mon - Fri 8:00am - 8:00pm EST

Phone: (800) 334-3937

Fax: (877) 940-9243

<https://visionbenefits.envolvehealth.com>

Prescription Drug Coverage

Prescription Drug Coverage under El Paso Health Medicare Advantage (Dual DSNP)

We are pleased to offer Medicare Part D prescription drug benefit.

- Our Formulary consist of one Tier, Generic and Brand name drugs:
<https://ephmedicare.com/pdf/2024%20CompFormulary%20Eng.pdf>
- Mail-order is available
- Formulary/Pharmacy directory available upon request can be found at:
<https://ephmedicare.com/pharmacy-drugs/available-drug-lists/>
- An extensive network of local and independent pharmacies



Important Information about Prescription Drug Coverage

Prior Authorization (PA)

Some drugs require prior authorization. Provider must first show a medical need for before the plan will cover it.

Quantity Limits (QL's)

This places a limit on how much members can get at one time.

Step Therapy (ST)

Members must first try another drug on the plan's formulary before they can move up a "step" to a higher tier drug.

Prescription Drug Coverage under El Paso Health Medicare Advantage (Dual DSNP)

El Paso Health (EPH) has implemented a Transition Policy

Purpose: To define the process that supports a member's transition into prescription drug plans and to provide a temporary supply of non-formulary drugs. Members and situations affected by this transitional fills policy:

- a. The transition of new members into prescription drug plans following the annual coordinated election period
- b. The transition of newly eligible Medicare beneficiaries from other coverage
- c. Enrollees who switch from one plan to another after the start of the contract year
- d. Current enrollees affected by negative formulary changes across contract years
- e. Enrollees residing in LTC facilities
- f. Expediting transitions to formulary drugs for members who change treatment settings due to changes in level of care.

Navitus Health solutions (NHS) has established a transition process for Part D beneficiaries to be consistent with the CMS Guidelines.

Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our Medicare Advantage plan. Providers (prescribers and pharmacies) may contact the Navitus Provider Hotline for questions regarding any of the following:

- Prior Authorizations
- Mail Order/Specialty Pharmacy services
- Point of Sale (POS) Claims processing
- Contracting and Credentialing



Navitus Provider Hotline 1-877-908-6023

Hours: 24 hours a day, 7 days a week
(Closed Thanksgiving and Christmas Day)

www.navitus.com

Contracting & Credentialing

Contracting & Credentialing

Providers are required to complete credentialing process every three (3) years.

Verisys is the State's vendor handling the primary source verification process for Texas providers.

- Verisys will send the first recredentialing notice to providers 180 days prior to expiration date.

Providers that failed to complete the recredentialing process will be considered out of network.

I am already contracted and credentialed with El Paso Health, but I don't show as participating provider with Medicare, what can I do?

- Call Contracting and Credentialing or Provider Relations. You might be a contracted provider for the Medicaid programs, but not Medicare plan.

For any questions please contact us directly at the email or phone number below.

915-532-3778

A Contracting and Credentialing Representative will respond to your inquiry within 48 business hours.

Contracting & Credentialing

Providers must notify El Paso Health Contracting and Credentialing or Provider Relations of any changes to their practice, to include:

- Any demographic changes
- Practice name change or acquisitions
- New providers joining the group or leaving the group.
- Closing a practice locations or adding a new practice locations.
- Modifying practice hours or changing limitations
- Closing or opening panels

What forms do I need to send and where:

- Submit a provider demographic form and W-9 to Contracting_Dept@elpasohealth.com
- [9591-1 EPH PROVIDER DEMO FORM \(elpasohealth.com\)](https://www.elpasohealth.com/9591-1-EPH-PROVIDER-DEMO-FORM)


915.532.3778 • email Contracting_dept@elpasohealth.com
El Paso Health
HEALTH PLANS FOR EL PASOANS BY EL PASOANS
PROVIDER DEMOGRAPHIC FORM
*Please make sure to complete this form with all types of requests such as adding a new provider, location updates, terminating a provider, any type of updates. This form is required in order for any changes to be processed.

Group/Facility Name: _____
Group/Facility Specialty: _____
Tax ID: _____ Group NPI: _____ Group TPI: _____
Select Program: Medicaid CHIP/Perinatal STAR Plus Preferred Administrators HCO Medicare
 PCP Specialist PCP/Specialist Hospital Based Home Health/DME PAS SNF Other
Include Provider Specialty: _____ Subspecialty: _____
Last, First, M Name: _____ DOB: _____ SS#: _____
Individual NPI: _____ API: _____ TPI: _____
CAQH: _____ Medicare #: _____ LTSS X Code: _____
Professional Category: MD DO FNP ACNP PA CRNA Other: _____
Taxonomy number(s): _____
*If provider is not enrolled with CAQH, please provide a TDI Credentialing application w/current date and signature.
Primary Practice Address: _____
City, State, ZIP: _____ Office Hours/Days: _____
Phone: _____ Fax: _____ Website URL: _____
CLIA Number: _____ CLIA Type: _____
*Please provide CLIA numbers for each location.
Secondary Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____
Third Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____
Fourth Location: _____ City, State, ZIP: _____
Office Hours/Days: _____ Phone: _____ Fax: _____
CLIA Number: _____ CLIA Type: _____
<https://www.elpasohealth.com/> 1 | Page

915.532.3778 • email Contracting_dept@elpasohealth.com
PROVIDER DEMOGRAPHIC FORM
Sign Language (ASL) Other: _____
Published Only Age Range: _____
Sale Only None Other: _____
Training? Yes No
Monitoring Targeted Case Management
Requirements? Yes No
Tax ID: _____
Contact Address: _____
Credentialing contact information: _____
Effective Date: _____
LTSS X Code: _____
Products: STAR w/TPI STAR w/o TPI CHIP/PERINATE STAR+PLUS TPA HCO MEDICARE
Contract Type: Individual Group Ancillary/Facility Amendment LOA Par Non-Par
Comments: _____
403829PH070218
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DSNP Model of Care Attestation

DSNP Model of Care Attestation



El Paso Health Medicare Advantage

El Paso Health Medicare Advantage Dual (HMO D-SNP)
Annual Model of Care Training Attestation

Medical Group/Provider: _____
(Please write your medical group or individual provider name on the above line)

I acknowledge that I have completed:

- 2024 DSNP Model of Care Training

Signature _____ Date: _____

Print Name _____

NPI/Tax ID _____

County _____

You may fax or email this signed form to the Provider Relations Department:
Fax number: 915-225-6762 Email: ProviderServicesDG@elpasohealth.com

H3407_MOCAttestation_EPHM CY2024

Attestation for group: Individual Provider training requires an attestation.

For a group attestation the form should be completed by the authorized individual on behalf of the group and must include an attendance log.

For questions, please contact our Provider Relations Department for assistance via email ProviderServicesDG@elpasohealth.com or call us at 1-833-742-3125.

DSNP Model of Care Attestation

Providers

Our partnership with each and every provider is essential. Together we share a common goal – to improve the health of the people in our community.

El Paso Health Medicare Advantage is committed on working with our network providers to make processes easier so providers are able to focus on delivering the highest quality of care. Providing access to care is a collaborative effort and our strong network partnerships help to build a health focused community.

If you need assistance, call us at 1-833-742-3125 (TTY 711), from October 1 to March 31, 8:00 am to 8:00 pm, 7 days a week and April 1 through September 30, Monday through Friday, 8:00 am to 8:00 pm Mountain Time.

Important Plan Documents for Providers

- [Prior Authorization List](#)
- [Prior Authorization Form](#)
- [Exception Request Form](#)
- [Provider Dispute Appeal & Request Form](#)
- [Waiver of Liability Form – Non-Contracted Providers Only](#)

Claim Forms

- [Corrected Claim Form](#)

Contracting Forms

- [Credentialing Application for Organization](#)

Providers News & Events

Provider Login

AAA

Explore the D-SNP Plan

- Eligibility
- Important Documents
- Quality Care
- Services
- Pharmacy & Drugs
- Medicare Compliance Program
- Model of Care
- Provider Manuals

Model of Care

Print

MOC Training Materials

Click on the links below to review the Model of Care training and attestation. Please ensure to submit the signed attestation form to verify the training was completed. Signed attestations may be completed by either filling out the PDF and fax/email back to Provider Relations Department or fill out and submit online form below.

[2023 Model of Care Presentation](#) ←

[2023 Model of Care Attestation](#)

Attestation for group: Individual Provider training requires an attestation. For a group attestation the form should be completed by the authorized individual on behalf of the group and must include an attendance log.

For questions, please contact our Provider Relations Department for assistance via email ProviderServicesDG@elpasohealth.com or call us at call 1-833-742-3125.

Medical Provider/Group Name* Tax ID*

Phone* format:9151231234 Email*

Form Completed By* Position Title*

Date*

Training Confirmation*
 The Provider Model of Care training has been completed by the Provider Group above.

Submit

*These fields MUST be filled out to register.

Claims Process

Important Information on DSNP Claims Processing

- D-SNP members are protected by Texas (State plan) and federal (Social Security act) regulations from balance billing, providers cannot balance bill and must accept the Medicare & Medicaid (if applicable) payments as payment in full.
- Coverage of Medicare Cost Share will depend on the services performed and Medicaid allowed amounts (Lesser of Logic or COB requirements for the state may be used).
- Federal rules dictate that Medicaid is the payer of last resort

Important Information on DSNP Claims Processing

Claim filing deadlines

- Claims must be received by El Paso Health within 95 days from each date of service (DOS).
- A clean claim will be processed within 30 days.
- The Provider should allow 30 days before re-billing any claim to avoid duplication of claims.

Electronic Claim Submission Payer ID: EPF07

Paper Claims Address:

El Paso Health Medicare Advantage (Dual SNP)
Attention: Claims Department
P.O. Box 971370
El Paso, TX 79997-1370

Corrected claims must be received by El Paso Health within 120 days from the disposition date of Remittance Advice notice.

Provider Relations

Provider Resources

Important Information for Providers

Providers can contact Member Services for any Eligibility Inquiries, Prior Authorizations, Provider Forms, or any other questions.

1-833-742-3125 (TTY 711)

Providers are encouraged to review the provider responsibilities detailed in the El Paso Health Medicare Provider Manual at:

Website: ephmedicare.com

Local Office: 1145 Westmoreland Dr., El Paso, TX 79925

Mailing Address: P.O. Box 971100, El Paso, TX 79997

Provider Resources

The screenshot displays the CMS.gov website. At the top left is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". To the right are links for "About CMS" and "Newsroom", along with a search icon. A navigation bar below contains links for "Medicare", "Medicaid/CHIP", "Medicare-Medicaid Coordination", "Private Insurance", "Innovation Center", "Regulations & Guidance", "Research, Statistics, Data & Systems", and "Outreach & Education".

The main content area features a "Monthly Highlight" section on the left with the title "Help People with Disabilities Get the Care They Need". The text below discusses barriers to care for people with disabilities and provides a link to "help address these challenges".

The right side of the page features a large banner for "The Medicare Learning Network®" (MLN). The banner includes the MLN logo and the tagline "KNOWLEDGE • RESOURCES • TRAINING". Below the banner, it states: "Free educational materials for health care providers on CMS programs, policies, and initiatives." Underneath is a "Resources & Training" section with the text "Learn about CMS policies and programs at your own pace" and a list of links: "Publications & Multimedia", "Web-Based Training", and "MLN Matters® Articles".

[For Additional Medicare Provider Educational Topics: MLN home page | CMS](#)

Provider Website and Forms Available Online

El Paso Health Medicare website is available at all times to providers and have multiple resources to include:



El Paso Health⁺
Advantage Dual SNP

Home Members Providers Search Providers Contact Search

You have choices. Choose El Paso Health.

Welcome to El Paso Health+
Print

We Are Your Local
Medicare Advantage Plan

El Paso Health
Advantage Dual SNP
(HMO D-SNP)
Eligibility
Important Documents

Important Plan Documents for Providers

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Contracting Forms

- [Credentialing Application for Organization](#)
- [Credentialing & Recredentialing Check List for Physician](#)
- [Credentialing Check List for Organization or Facility](#)
- [Secondary Locations Addendum](#)
- [DME Supplies Form](#)
- [W-9 Form](#)
- [Texas Standardized Credentialing Application](#)

Miscellaneous Forms

- [El Paso Health Payor Identification](#)
- [Electronic Remittance Advice \(835\) Request Form](#)

Provider Web Portal Available

The El Paso Health provider portal allows providers to view eligibility status, benefit information, verify and submit patient claims, download reports / RA's and request prior authorizations.

Providers
Print

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H3407 website CMS Accepted: 10/09/2018 | Last Updated: 7/27/2022

El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

Preferred ADMINISTRATORS

HealthCARE
OPTIONS of EL PASO

El Paso Health+
Advantage Dual SNP

Welcome to the El Paso Health provider portal!

Log in to:

- View patient's eligibility status and benefit information
- Verify patient claims
- Download reports
- Request prior authorizations
- And more!

Login

Username

Password

SUBMIT

[Forgot your username or password?](#)

Need a username and password?
[Proceed to our sign up process.](#)

Contact Us

If you have questions or need assistance, contact the Provider Relations Department at:

915-532-3778
Toll-Free: 1-877-532-3778

Our customer service hours are Monday through Friday between 8:00 am and 5:00 pm MST.

Medicare Prior Authorization List

MEDICARE PRIOR AUTHORIZATION LIST Effective January 1, 2024

Prior-authorization is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.

The following list of services require prior authorization. List not all inclusive. To ensure that we provide you a response prior to providing a service please submit your request at least five (5) days in advance. Requests for prior authorization may be submitted on-line, fax, or telephonic.

Online Portal: El Paso Health Medicare Advantage Providers

Telephone: 833-742-3125

Fax:

915-298-7866 (Outpatient)

915-298-5278 (In-patient)

Toll Free: (844) 298-7866

Toll Free: (844) 298-5278

Service	Description
Ambulance	Non-emergent (air, ground, water)
Ambulatory surgical	Any procedure performed in an outpatient hospital or free standing ambulatory surgical center.
Behavioral Health	<ul style="list-style-type: none"> Inpatient Psychiatric Partial Hospitalization
Cardiology	<ul style="list-style-type: none"> Cardiac Catheterization (not required for emergent or urgent care) Cardiac implants (not required for emergent care)
Chemotherapy	<ul style="list-style-type: none"> Inpatient Outpatient Freestanding clinic Doctor's Office
Chiropractic Services	After initial evaluation
Cosmetic Procedures	Required for prompt repair of accidental injury or to improve the function of a malformed body part. Breast prostheses for breast reconstruction if you had a mastectomy because of breast cancer.
Drugs and Medical Injectable	HCPCS codes beginning with C, J, or Q that exceed \$500
Durable Medical Equipment (DME) – over \$500, limitations may apply	Includes, but not limited to: <ul style="list-style-type: none"> BIPAP Bone Growth Stimulator CPAP CPM device Custom Wheelchair Electric or Motorized Wheelchair Enteral Supplies Hospital Bed/Mattress

Service	Description
	<ul style="list-style-type: none"> Infusion Pumps Lift Devices Oxygen Rentals exceeding 2 months Scooters Speech Generating Device TENS unit Therapeutic Glucose Monitors Ventilators Wound Vacuum Devices Vagus Nerve Stimulator
Genetic and Molecular Testing	<ul style="list-style-type: none"> Genetic Analysis Molecular Pathology Procedures Genomic Sequencing Procedures Multianalyte Assays with Algorithmic Analysis that include Molecular Pathology Testing
Home Health Services	<ul style="list-style-type: none"> Home IV Infusion Home Health Aide Occupational Therapy Physical Therapy Speech Therapy Skilled Nursing Services Social Work Services
Hyperbaric Oxygen Therapy (HBO)	
Inpatient Admission: Elective or Scheduled	<ul style="list-style-type: none"> Acute Inpatient Hospital Inpatient Rehabilitation Hospice Long-Term Care Hospital (LTCH) Psychiatric Inpatient Hospital Skilled Nursing Facility (SNF) Substance Use Disorder Treatment/Rehabilitation
Orthotics	Exceeding \$200
Out-of-Network Services (unless services are for emergency care or out-of-area urgent)	Any setting
Part B Drugs (Medicare)	<ul style="list-style-type: none"> Clinician Administered Drugs exceeding \$500 Anti-cancer Blood Clotting Factors Dialysis drugs Intravenous Immune Globulin (IVIG) (in-home) Total Parenteral Nutrition (in-home)
Prosthetics	<ul style="list-style-type: none"> Exceeding \$200 Artificial limbs Braces
Radiology	PET Scans
Sleep Study	When performed outpatient

Service	Description
Surgeries	<ul style="list-style-type: none"> Elective Outpatient Hospital Pre-Scheduled Reconstructive Freestanding Ambulatory Surgical Facility
Outpatient Rehabilitation Services – Occupational Therapy, Physical Therapy and Speech Therapy initial evaluation does not require Prior Authorization.	<ul style="list-style-type: none"> Cardiac Rehab Occupational Therapy Physical Therapy Pulmonary Rehab Speech Therapy
Transplants	All transplant services including, but not limited to, evaluation, transplant consult visits, HLA typing
Venous Procedures	When performed in office or outpatient

H3407_PA_RequiredServices_EPHM

CY2024_01

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