

**NOTE - EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION; NON-EMERGENCY SERVICES PROVIDED BY NON-PARTICIPATING PROVIDERS ALWAYS REQUIRE PRIOR AUTHORIZATION**

**SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION:**

<b>Benefit</b>	<b>Covered by Health Plan</b>
Ambulance transport- emergency	Yes
Blood transfusions - inpatient	Yes for Medicaid, FHP and CHP
Blood transfusions - outpatient	Yes for Medicaid and FHP
Blood transfusions - autologous - collection and storage	Not Covered for Medicaid, FHP and CHP
Chemotherapy - inpatient	Yes
Chemotherapy - outpatient	Yes
Colonoscopy, upper endoscopy	Yes
Compression Stockings	Yes - with limitations. See Compression Stocking Notice: <a href="http://www.suffolkhealthplan.com/ProviderPDFs/Compression_Stockings_Notice_20110405.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/Compression_Stockings_Notice_20110405.pdf</a>
Contraceptives - oral & implantable	See Pharmacy below; Implantable performed by doctor is payable by plan.
Dental Care	Covered by DentaQuest - primary and preventive dental services do NOT require preauthorization; selected services REQUIRE preauthorization - call 1-888-307-6549
Dialysis in-network: Outpatient	Yes
Diabetic Management- supplies, monitors, glucose monitoring supplies.	MCD and FHP: prior to 10/1/11, covered by Medicaid fee for service; effective 10/1/11 covered by NHP as either a pharmacy benefit (see Pharmacy below) or through a DME vendor (call Neighborhood Diabetes at 1-800-310-2990). CHP: Covered as a pharmacy benefit by Caremark
Echocardiography	Yes
Emergency Room Visits	Yes
Family Planning	Yes
GYN well visits	Yes
Hearing Tests by an Audiologist	Yes
Hemophilia treatment - blood products/clotting factors	Outpatient: Medicaid and FHP (eff. 10/1/11) - covered by Medicaid FFS; prior authorization is required for administration by a home care agency. CHP - not a covered benefit Inpatient - covered for MA, FHP and CHP
Immunizations	Yes
Inpatient Hospital Admissions-Emergency	Yes. Notification required within 24 hours.
Injectable medications (self-injectables)	CHP - covered under pharmacy benefit, but certain high-cost specialty drugs require prior authorization - call CaremarkConnect® at 1-800-237-2767. Medicaid/FHP - prior to 10/1/11, covered by Medicaid fee for service. Medicaid/FHP - after 10/1/11, covered by NHP through Express Scripts, see <a href="http://www.suffolkhealthplan.com/p_pharmabenefits_fhpm.html">http://www.suffolkhealthplan.com/p_pharmabenefits_fhpm.html</a>
Laboratory & Pathology services	Yes, except for genetic testing by non-participating laboratories, which requires prior authorization
Mammography (annual screening and diagnostic) and Breast Ultrasound	Yes
Midwife services	Yes
Nuclear Medicine	Yes (except for PET scans, which require prior authorization)

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**SUMMARY-Benefit Authorization Guide for Par Providers  
NHP and SHP**

NHP UM = 1-800-765-3805  
www.getnhp.com  
Fax 800-338-4195

SHP UM = 1-800-250-5007  
www.suffolkhealthplan.com  
Fax 800-338-4195

NEW	Occupational Therapy	<p>CHP – only short term therapy is covered - 20 visit/calendar year limit.</p> <p>Medicaid - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to children, patients with developmental disabilities or traumatic brain injury, or to services provided in a nursing home, inpatient hospital or as part of a home care program. See <a href="http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf</a> for details.</p> <p>FHP - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to services provided in an inpatient hospital or as part of a home care program. See <a href="http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf</a> for details.</p>
NEW	Orthopedic Shoes	<p>Covered for Medicaid and CHP. ( Not covered for FHP.) NOTE: Medicaid benefit limitations in effect 4/1/11, for details see <a href="http://www.suffolkhealthplan.com/ProviderPDFs/Prescription%20_Footwear_Benefit%20_Update_20110405.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/Prescription%20_Footwear_Benefit%20_Update_20110405.pdf</a></p>
NEW	<p>Pap Smears (routine &amp; diagnostic)</p> <p>Pharmacy - prescription drugs</p>	<p>Yes</p> <p>Covered for CHP - Caremark formulary (<a href="http://www.suffolkhealthplan.com/ProviderPDFs/NHPSHP_CHPFormulary.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/NHPSHP_CHPFormulary.pdf</a>) applies and some drugs require prior authorization, step therapy or quantity limits.</p> <p>Medicaid/FHP: Prior to 10/1/11, covered by Medicaid fee for service.</p> <p>Medicaid/FHP: effective 10/1/11, covered by NHP/SHP through Express Scripts. Most medications do not require prior authorization, but some drugs require prior authorization or step therapy. See <a href="http://www.suffolkhealthplan.com/p_pharmabenefits_fhpm.html">http://www.suffolkhealthplan.com/p_pharmabenefits_fhpm.html</a> for details.</p>
	Prenatal care and obstetrical sonograms	
NEW	Physical Therapy	<p>CHP – only short term therapy is covered - 20 visit/calendar year limit.</p> <p>Medicaid - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to children, patients with developmental disabilities or traumatic brain injury, or to services provided in a nursing home, inpatient hospital or as part of a home care program. See <a href="http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf</a> for details.</p> <p>FHP - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to services provided in an inpatient hospital or as part of a home care program. See <a href="http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf</a> for details.</p>
	Pre-surgical testing	Yes
	Radiation therapy	Yes

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Radiology (including interpretation)	Yes (except for PET, CT scans and MRI/MRA, which require prior authorization - see next section)
Sonograms (Echography)	Yes
Specialist visits	Yes (except non-par providers require prior authorization)
Sterilizations - outpatient	Yes
Vision Care	NHP: Davis Vision 1-800-999-5431; SHP: General Vision 1-800-847-4661.
Urgent care	Yes

**SERVICES THAT REQUIRE PRIOR AUTHORIZATION:**

Benefit	Covered	Comments
Ambulance transport / Ambulette Transport - non emergent	NHP -covered for Medicaid; for FHP members, only for transport to screening and preventive services for members 19-20 years old. Not covered for CHP. SHP Medicaid - covered by Medicaid FFS.	Providers should complete NHP's Transportation Prior Approval Fax Form on <a href="http://www.getnhp.com">www.getnhp.com</a> & send to NHP Care Coordination - will complete the authorization & coordinate with the member.
Ambulatory /Outpatient Surgery	Yes	Preauthorization only for cosmetic, non par services and experimental procedures.
Birthing Centers	Yes	
Cardiac Rehab	Yes	
Cosmetic Surgery	Not covered unless reconstructive surgery (1) when following surgery from trauma, infection or other disease of the part of the body involved or (2) when required to correct a functional defect resulting from congenital disease or anomaly.	
CT scans	Yes	See link for criteria - <a href="http://www.suffolkhealthplan.com/iqcriteria.html">http://www.suffolkhealthplan.com/iqcriteria.html</a>
Diabetes - Insulin pumps, glucose monitoring systems and related supplies	Yes	
Dialysis - Out of network and in-network inpatient	Yes	
Durable Medical Equipment (DME)	Yes	As of 2/1/2011 selected procedure codes for DME do NOT require prior authorization. Go to <a href="http://www.suffolkhealthplan.com/ProviderPDFs/DME_List.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/DME_List.pdf</a> for list. As of 2/1/2011, there is no longer a dollar threshold for prior authorizations.
Enteral formulas	CHP - covered Medicaid & FHP - covered by NHP as of 10/1/11	CHP - covered for the treatment of specific diseases; not covered for nutritional supplements taken electively. Coverage for certain inherited disease of amino acid and organic acid metabolism includes modified solid food products (limit of \$2500/year for such products). Requires prior authorization, call Care Coordination for prior approval (NHP: 1-800-765-3805; SHP: 1-800-250-5007)  Medicaid /FHP: Covered by Medicaid FFS until 9/30/11; effective 10/1/11, covered by NHP. Requires prior authorization - see prior authorization criteria ( <a href="http://www.suffolkhealthplan.com/ProviderPDFs/PACriteria_EnteralFormula.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/PACriteria_EnteralFormula.pdf</a> ) based on Medicaid benefit limitations.
Erectile Dysfunction Treatment (implants)	Covered for Medicaid and FHP	Member must not be listed on State sexual offender registry
Hearing Aids	Yes	
Hearing Implants	Yes	
Home Health Care	Yes- Medicaid unlimited coverage, FHP & CHP: 40 visits per calendar year	
Hospice Care	Covered for CHP & FHP (Medicaid covered by Medicaid FFS)	No prior authorization required but Care Coordination can assist with referral.
Injectable medications (performed in office)	Covered for Medicaid, FHP & CHP	Specialty medications require prior authorization through CuraScript - see below. Prior auth not required for antibiotics and chemotherapy-related injections.
Inpatient Hospital Admissions-Elective and Scheduled (including all transplants)	Yes	Inpatient stays - emergency or scheduled - may require concurrent review
Mental Health - Inpatient	Covered for CHP, FHP & Medicaid TANF (non-SSI)	Non-emergency services and ongoing stays must be authorized by Beacon Health Strategies, call 866-969-2661. Bill SSI to Medicaid FFS.
Mental Health -Outpatient	Covered for CHP, FHP & Medicaid TANF (non-SSI). FHP - limited to 60 visits per calendar year. Medicaid SSI is covered by Medicaid FFS.	Services must be authorized by Beacon Health Strategies, call 866-969-2661
MRI	Yes	See link for criteria - <a href="http://www.suffolkhealthplan.com/iqcriteria.html">http://www.suffolkhealthplan.com/iqcriteria.html</a>
Outpatient Surgery	Yes	Only for potentially cosmetic & non par services

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	Orthotics/Braces	Yes	selected items, see DME List <a href="http://www.suffolkhealthplan.com/ProviderPDFs/DME_List.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/DME_List.pdf</a>
NEW	Personal Care Services	Yes - Medicaid only - effective 8/1/11	See <a href="http://www.suffolkhealthplan.com/personalcare.html">http://www.suffolkhealthplan.com/personalcare.html</a>
	PET Scans	Yes	See link for criteria - <a href="http://www.suffolkhealthplan.com/iqcriteria.html">http://www.suffolkhealthplan.com/iqcriteria.html</a>
NEW	Pharmacy-prescription drugs	CHP - Caremark formulary applies and some drugs require prior authorization, step therapy or have quantity limits.  Medicaid/FHP: Prior to 10/1/11, covered by Medicaid fee for service.  Medicaid/FHP: effective 10/1/11, covered by NHP/SHP through Express Scripts	CHP: See Formulary ( <a href="http://www.suffolkhealthplan.com/ProviderPDFs/NHPSHP_CHPFormulary.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/NHPSHP_CHPFormulary.pdf</a> ) for drugs requiring prior auth, step therapy or quantity limits. Call Care Coordination for prior approval (NHP: 1-800-765-3805; SHP: 1-800-250-5007)  Medicaid/FHP: Most medications DO NOT require Prior Authorization. For a list of those that do require Prior Authorization or step therapy, see ( <a href="http://www.suffolkhealthplan.com/p_pharmabenefits_fhp_med.html">http://www.suffolkhealthplan.com/p_pharmabenefits_fhp_med.html</a> ) for formulary, policies and procedures. Call ESI Pharmacy Member Services at 877-782-8655
NEW	Pharmacy - Specialty High Cost Drugs (Growth Hormone, Xolair, etc.)	CHP - Caremark formulary applies, most drugs require prior authorization.  Medicaid/FHP: Prior to 10/1/11, covered by Medicaid fee for service.  Medicaid/FHP: effective 10/1/11, covered by NHP/SHP through CuraScript, the Express Scripts specialty pharmacy.	CHP: Specialty drugs require Prior Authorization. Call CaremarkConnect® at 1-800-237-2767 for prior approval.  Medicaid/FHP: Most specialty medications require Prior Authorization through CuraScript. See ( <a href="http://www.suffolkhealthplan.com/p_pharmabenefits_fhp_med.html">http://www.suffolkhealthplan.com/p_pharmabenefits_fhp_med.html</a> ) for formulary, policies and procedures, order forms and contact information. Call Curascript: 888.773.7376. See link to request forms: <a href="http://www.curascript.com/content/Referral_Forms.htm">http://www.curascript.com/content/Referral_Forms.htm</a>
	Private duty nursing	Covered for Medicaid; not covered for FHP and CHP	
	Prosthetics- Artificial limbs & eyes	Yes	selected items, see DME List <a href="http://www.suffolkhealthplan.com/ProviderPDFs/DME_List.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/DME_List.pdf</a>
	Rehabilitation-acute and subacute inpatient	Yes	
NEW	Speech Therapy	Yes - CHP, Medicaid and FHP	First visit for evaluation doesn't require prior authorization; additional visits require prior auth.  CHP – covered for a condition amenable to significant clinical improvement within a two month period, beginning with the first day of therapy.  Medicaid - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to children, patients with developmental disabilities or traumatic brain injury, or to services provided in a nursing home, inpatient hospital or as part of a home care program. See ( <a href="http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf</a> ) for details.  FHP - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to services provided in an inpatient hospital or as part of a home care program. See ( <a href="http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf">http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf</a> ) for details.
	Sterilizations - inpatient	Yes	If inpatient claim rec'd with newborn DRG & tubal ligation performed after birth, i.e. during the same stay, no authorization is needed.
	Substance Abuse/Chemical Dependency Services - Detoxification - Inpatient and Outpatient	Covered for CHP, Medicaid and FHP	Services must be authorized by Beacon Health Strategies, call 866-969-2661
	Substance Abuse/Chemical Dependency Services - Rehabilitation - Inpatient	Covered for CHP, Medicaid TANF (non-SSI) and FHP; Medicaid SSI covered by FFS.	Services must be authorized by Beacon Health Strategies, call 866-969-2661
	Substance abuse - Outpatient	Covered for CHP & FHP; FHP limited to 60 visits per calendar year. For Medicaid, covered by Medicaid FFS. Buprenorphine treatment covered by Plan for Medicaid and FHP.	Services must be authorized by Beacon Health Strategies, call 866-969-2661
	Transplants	Yes	

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Transportation-Routine-non emergent includes car service & ambulette	NHP -covered for Medicaid; for FHP members, only for transport to screening and preventive sevicees for members 19-20 years old. Not covered for CHP. SHP Medicaid - covered by Medicaid FFS.	Providers should complete NHP's Transportation Prior Approval Fax Form ( <a href="http://www.getnhp.com">www.getnhp.com</a> ) & send to NHP Care Management who will complete the authorization & coordinate with the member.
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