










# Pre-Authorization Request for Outpatient/Home Care Services/Rx

Contact the Prior Authorization Call Center at 646-473-7446 or Medco for Rx

## **IN THE HOME SETTING** (Fax to 646-473-7447)

-  Intermittent Skilled Nursing Visits (RN)
-  Physical/Occupational/Speech Therapy (PT/OT/ST)
-  Intermittent Non-Skilled Care - Home Health Aide (HHA)
-  Intravenous (IV) Therapy
-  Hospice Care (Call CareAllies for inpatient request)
-  Enteral feedings
-  Supplies (i.e., enteral feedings, CPAP, BiPAP)

## **Durable Medical Equipment and Orthotics**


- Hospital beds
- All wheelchairs
- Insulin pump
- Wound VAC
- All Prosthetic Devices
- O<sub>2</sub> therapy
- BiPAP, CPAP
- Monitors (cardiac, holter, apnea, uterine)
- Bone Growth Stimulator




No authorization required for covered DME and orthotics which are reimbursed at the Fund's allowance of \$250.00 or less. This applies to stand-alone items which are purchased. It excludes rental items, prosthetic devices and all DME and/or orthotics in which the base item plus accessories would have a reimbursement rate of \$250 or greater (i.e., wheelchair with accessories, prefabricated brace with additions).

**Call our preferred vendor, Landauer Metropolitan, Inc. @ (800) 631-3031**  
***(Hours of Operations: Monday to Friday, 8:30AM–5:30PM, Saturday 9:00-3:00PM)***

## **OUTPATIENT SERVICES/PROCEDURES** (Fax to 646-473-7447)

*Use the Fund's Authorization Request Form to obtain approval for:*

-  **Diagnostic Testing**
  - Split night study
  - Capsule endoscopy
  - Neuropsychological testing
  - Advanced genetic tests done by a specialized lab i.e. BRCA testing (routine genetic testing done in standard lab does not require authorization)

-  **Hyperbaric Oxygen Therapy**
-  **Evaluation for consideration of Transplant** (call CareAllies)
-  **Ambulance Service (non-emergent)**

## **PRESCRIPTION DRUG** (Call Medco at (800) 818-6720)

For a complete list of medications that need prior authorization, log onto [www.1199SEIUBenefits.Org](http://www.1199SEIUBenefits.Org). If members are currently taking medications that may need prior approval, call Medco at (800) 753-2851 (*Hours of Operation 8:00AM – 6:00PM, Monday to Friday, Eastern Time*) to arrange a review.

This may not be an all-inclusive list. Pre-authorization requirements are regularly updated + are therefore subject to change; periodically visit the website at [www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org). The Pre-service authorizations will be valid for 90 days from the date it is certified. All authorizations will be assigned a numeric only Reference ID# (10 digits) which can be referred to for any follow-up inquiries.

These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Benefit Fund