

Prior Authorization Requirements

Benefits described below are for "Covered Services" only. (Please refer to the US Family Health Plan Member Handbook for a listing of covered benefits, limitations and exclusions.)

- In order to determine if a provider is a network provider or a non-network provider, please refer to the Provider Directory, or contact a US Family Health Plan Provider Inquiry Representative toll-free at 1-888-732-7364.
- For authorization of mental health and substance abuse services, please call Behavioral HealthCare Program (BHCP) toll-free at 1-888-812-7335.

US Family Health Plan Authorization Requirements

Service	Prior Auth Required (Network)	Prior Auth Required (Non-Network)	Comments
Abrasion Treatment, Dermabrasion, Salabrasion	Yes	Yes	Benefit limitations apply
Allergy Injections	No	Yes	
Ambulance Services, ground	No	No	Transportation home is not a covered benefit.
Ambulance Services, air	Yes	Yes	
Audiological/Audiometric Testing	No	Yes	Routine screening not covered except as part of well child preventative benefit.
Biofeedback	Yes	Yes	
Biopsy, Office Setting	No	Yes	
Biopsy, Outpatient Hospital Setting	No	Yes	
Bone Marrow Biopsy, Office Setting	No	Yes	
Bone Marrow Biopsy, Outpatient Hospital Setting	No	Yes	
Capsule Endoscopies	Yes	Yes	
Cardiac Catheterization including diagnostic procedures, stent insertion, drug eluting stent, and balloon angioplasty	No	No	Status change to observation or inpatient admission requires authorization.
Cardiac Rehabilitation, Phase II	No	No	
Chemotherapy Regimen	Yes	Yes	If treatment includes medication(s) listed under Prior Authorization Medications, specific authorization for the medication(s) is required in addition to authorization for chemotherapy.
Colonoscopy, Diagnostic or Routine Screening, Office or Outpatient Hospital Setting	No	Yes	

US FAMILY HEALTH PLAN AT MARTIN'S POINT

Service	Prior Auth Required (Network)	Prior Auth Required (Non-Network)	Comments
Contact Lens Fitting	Yes	Yes	Benefit is limited for treatment of disease. All other fitting of contact lenses is not covered.
Contact Lens Fitting	Yes	Yes	Benefit is limited for treatment of disease. All other fitting of contact lenses is not covered.
Dental Procedures and Dental Supplies, Adjunctive Only	Yes	Yes	Routine dental care and supplies are not covered.
Developmental Evaluations and Testing	Yes	Yes	
Diabetes Education/ADEF	No	No	
Diagnostic Tests, Office or Outpatient Setting (e.g., lab work, x-rays, MRAs, MRIs, CAT scans, PET scans, SPECT, EEG, cardiac tests)	No	No	Network facilities should be used for diagnostic testing whenever possible.
Diagnostic Procedures, Office or Outpatient Setting (e.g., EMG, nerve conduction, digestive endoscopy, EGD, urodynamic studies, endoscopic ultrasound)	No	Yes	
Dialysis Treatment	Yes	Yes	
Dietary Counseling	Yes	Yes	See Nutritional Counseling.
Durable Medical Equipment	Refer to separate list	Refer to separate list	
Emergency Room Services	No	No	Status change to observation or inpatient admission requires authorization. Any follow-up services in ER require authorization.
Eye Examinations, Annual Routine	No Member may self refer to a participating provider without PCP referral.	Yes	
Eye Examinations, Non-Routine (e.g., diabetic, cataract, glaucoma)	No	Yes	
Foot Care, Non-Routine (e.g., treatment of injury or trauma to foot or toes)	No	Yes	
Foot Care, Routine (e.g., paring corns/calluses, nails, debridement)	No	Yes	Routine foot care covered only for patients with systemic disease of lower extremity.
Fracture Care, Office setting	No	Yes	
Gastric Bypass and all related services beyond initial consult	Yes	Yes	Benefit limitations apply.

US FAMILY HEALTH PLAN AT MARTIN'S POINT

Service	Prior Auth Required (Network)	Prior Auth Required (Non-Network)	Comments
Genetic Testing	Yes	Yes	
Hearing Evaluations (i.e., to diagnose hearing loss)	No	Yes	Routine hearing screening not covered except for as part of well child care benefit. Services relating to hearing aids are not covered except for patients enrolled in TRICARE Program For Persons With Disabilities.
Home Health Services (e.g., skilled nursing, physical therapy, occupational therapy, speech therapy)	Yes	Yes	
Hospice Services	Yes	Yes	
Hospital Clinic (e.g., Pain Clinic, Wound Clinic, etc.)	Yes	Yes	
Immunizations and Vaccinations (preventative health)	No	Yes	
Immunizations for Travel	Yes	Yes	Only covered for dependents of active duty military for required travel outside the US as a result of duty assignment. Not covered for routine travel.
Infertility and Impotence Services	Yes	Yes	
Inpatient Facility (Hospital) Admissions	Yes	Yes	
IV Therapy, Outpatient Hospital	Yes	Yes	For weekend therapy, please coordinate with our Medical Services Department.
IV Therapy, Office Setting	No	Yes	For weekend therapy, please coordinate with our Medical Services Department. Oncology and chemotherapy services require authorization for Network and Non Network Providers.
Mammography, Medical Diagnosis	No	No	
Mammography Screening, Routine	No	No	Annual routine mammography, regardless of age. Network facilities should be used for diagnostic testing whenever possible.
Maternity Services, Pre and Post Natal	No	Yes	Global OB authorization does not include authorization for observation or inpatient stay.
Maternity Services, Observation Stay or Inpatient Admission	Yes	Yes	
Medications Requiring Authorization in Office, Outpatient, or Home Setting	Refer to separate list	Refer to separate list	This list is reviewed quarterly.
Neuropsychological Testing	Yes	Yes	

US FAMILY HEALTH PLAN AT MARTIN'S POINT

Service	Prior Auth Required (Network)	Prior Auth Required (Non-Network)	Comments
Nutritional Counseling for the treatment of patients with Diabetes	No	No	
All other conditions	Yes	Yes	
Observation Stay	Yes	Yes	Status change to inpatient admission requires authorization.
Occupational Therapy, Office/Clinic Setting	No	Yes	
Office Visit, Primary Care Physician	No	Not Applicable	
Office Visit, Specialist Consultative Visit	No	Yes	
Oncology Services	Yes	Yes	
Pacemaker Checks	No	Yes	
Pain Clinic Services	Yes	Yes	
Physicals, Annual Routine	No	Not Applicable	
Physical Therapy in an Office/Clinic Setting	No	Yes	
Pool Therapy	No	Yes	
Physician Visits Provided in Hospital Office Setting	No	Yes	
Proctosigmoidoscopy Diagnostic, Office or Outpatient Hospital Setting	No	Yes	
Pulmonary Rehabilitation	Yes	Yes	
Sigmoidoscopy, Diagnostic or Routine Screening, Office or Outpatient Hospital Setting	No	Yes	
Speech Therapy, Office/Clinic Setting	Yes	Yes	
Surgery, Inpatient Hospital Setting	Yes	Yes	
Surgery, Office Setting	No If the service includes plastic, cosmetic, reconstructive, or scar revisions, the US Family Health Plan must authorize the services.	Yes	See note relating to surgery services performed by network providers in office setting.
Surgery, Outpatient Hospital Setting and Ambulatory Surgical Center	Yes	Yes	Status changes to observation or inpatient admission requires authorization.
Telemedicine	Yes	Yes	
Testosterone Shots	No	Yes	
Ultrasound, Diagnostic	No	No	
Ultrasound, Endoscopic, Office or Outpatient Setting	No	Yes	

US FAMILY HEALTH PLAN AT MARTIN'S POINT

Service	Prior Auth Required (Network)	Prior Auth Required (Non-Network)	Comments
Urgent Care Center	No	No	PCP notification is required within 48 hours. Any follow-up services at Urgent Care Center require authorization.
Urodynamic Studies	No	Yes	
Wound Clinic Services	Yes	Yes	

- ▶ To determine if a provider is a network or non-network provider please refer to the Provider Directory, the Martin's Point Health Care web site martinspoint.org, US Family Health Plan, Health Plan Providers page or contact the Provider Inquiry Representative toll free at 1-888-732-7364.
- ▶ Diagnostic tests in the office or outpatient setting such as lab work, x-rays, MRAs, MRIs, CT scans, PET scans, SPECT, EEG, and cardiac tests do not require authorization by the US Family Health Plan for network or non-network providers.
- ▶ Diagnostic procedures in the office or outpatient setting such as EMG, nerve conduction digestive endoscopy, EGD, urodynamic studies, and endoscopic ultrasound do no require authorization when provided by a network provider. Non-network providers require authorization for these services.
- ▶ For authorization of mental health and substance abuse services, please call Behavioral Health Care Program (BHCP) toll-free at 1-888-812-7335.
- ▶ This information is being supplied for summary purposes only. All covered benefits are specified in the TRICARE/Champus Policy Manual.
- ▶ For a complete list of authorization requirements please see the Martin's Point Health Care website at martinspoint.org. Click on "US Family Health Plan," and then "Provider Resources."