

Appendix A: Foundation HMO Authorization Requirements **Effective May 1, 2008**

- A. All services provided by out of plan (non-contracted) providers require prior authorization.
- B. All services provided outside of Humboldt or Del Norte County require prior authorization. HMO members must receive specialty services from local in-plan specialists when available before out-of-area services will be considered for approval, unless the requesting provider establishes the medical necessity for referring directly out-of-area.
- C. All the following general services require authorization.
- Acupuncture
 - Alcohol and Substance Abuse Treatment – inpatient and residential services
 - Biopharmaceuticals
 - Chiropractic Care
 - Durable Medical Equipment and related supplies > \$50
 - Genetic testing
 - Hearing Aids
 - Hospital - Inpatient Services (non-emergent only)
 - Infusion Therapy – ambulatory or home bound, any other than chemotherapy
 - Lupron for gynecological diagnosis
 - Mental Health- inpatient and residential services
 - Occupational Therapy
 - Orthotics and prostheses > \$50
 - Physical Therapy
 - Respiratory Care
 - Skilled Nursing Facility Services
 - Speech Therapy
 - Transplants
- D. Authorization requirements and potential benefit issues are available on the Foundation's website at www.hdnfmc.com. Search by CPT code or service description. Every CPT code is identified with one of the following indicators:
- | | |
|----|--|
| A | Authorization required |
| X | Does not require authorization |
| BA | Benefit issue for some plans and authorization required |
| BX | Benefit issue for some plans but does not required authorization |

Note: Primary Care Practitioners may refer immediately without prior authorization for consultation with the following contracted specialists: Cardiology, Dermatology, Ear/Nose/Throat, Endocrinology, Gastroenterology, General Surgery, Hematology, Neurology, OB/GYN, Oncology, Ophthalmology, Orthopedic Surgery, Podiatry, and Urology. They may also order Routine Laboratory, Routine X-ray without prior authorization.