CareConnect

Preauthorization Requirements* (as of January 1, 2016)

OFFICE VISITS	Authorization Requirement
Primary Care Office Visits	No Preauthorization Required
Primary Care Home Visits	
Specialist Office Visits	
Specialist Home Visits	

PREVENTIVE CARE	Authorization Requirement
Well Child Visits and Immunizations	No Preauthorization Required **Note that any test considered diagnostic (for example diagnostic mammography or colonoscopy) does not meet the preventive guidelines. Also note that age, frequency and other limits may apply.
Adult Annual Physical Examinations	
Adult Immunizations	
Routine Gynecological Services/Well Woman Exams	
Mammography Screenings**	
Sterilization Procedures for Women	
Vasectomy	
Bone Density Testing	
Screening for Prostate Cancer	
Screening for Colon Cancer**	
All other preventive services with an A or B rating in the current recommendations of the U.S. Preventive Services Task Force and preventive care and screenings for women and children provided for in the Health Resources and Service Administration guidelines.	

EMERGENCY CARE	Authorization Requirement
Emergency Room Services	No Preauthorization Required
Urgent Care Center	
Emergency Ambulance Services	
Non-Emergency Ambulance Services	Preauthorization Required

PROFESSIONAL SERVICES AND OUTPATIENT CARE	Authorization Requirement
Advanced Imaging Services (MRI, MRA, CT, CT Angiogram, MEG, EEG, PET)	
• Performed at a Freestanding Radiology Facility or Office Setting	Preauthorization Required
• Performed as an Outpatient Hospital service	

*This document is for informational purposes only. Please refer to your Certificate or Policy, or call Customer Service at 855-706-7545 to confirm that this is the most up to date and complete information.

Preauthorization Requirements* (as of January 1, 2016)

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Authorization Requirement
Allergy Testing & Treatment	
• Evaluation and testing (initial visit)	No Preauthorization Required
• Ongoing Treatment	No Preauthorization Required
Outpatient Surgical Procedures (Ambulatory Surgery Center)	Preauthorization Required
Autologous Blood Banking	No Preauthorization Required
Cardiac & Pulmonary Rehabilitation	
• Performed in a Specialist Office	Preauthorization Required
• Performed as an Outpatient Hospital service	
• Performed as an Inpatient Hospital service	
Chemotherapy	
• Performed at a PCP Office	No Preauthorization Required
• Performed at a Specialist Office	
• Performed at an Outpatient Infusion Center	
• Performed at an Outpatient Hospital	Preauthorization Required
Chiropractic Services	
• Evaluation and Testing (initial visit)	No Preauthorization Required
• Treatment	Preauthorization Required
Diagnostic Procedures	
• Performed at a PCP Office	No Preauthorization Required (if procedure includes sedation or anesthesia a prior authorization is required)
• Performed at a Specialist Office	
• Performed at an Outpatient Hospital	Preauthorization Required
Dialysis	
• Performed at a PCP Office	No Preauthorization Required
• Performed at a Freestanding Center or Specialist Office Setting	
• Performed at an Outpatient Hospital	Preauthorization Required
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	
• Evaluation and Testing	No Preauthorization Required
• Treatment	Preauthorization Required
Home Health Care (SN, PT, OT, HHA, and ST)	

Preauthorization Requirements* (as of January 1, 2016)

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Authorization Requirement
Infertility Services	Preauthorization Required
Infusion Therapy	
• Performed at a PCP Office	Preauthorization Required
• Performed at Specialist Office	
• Performed at an Infusion Center	
• Performed as an Outpatient Hospital service	
• Home Infusion Therapy	
Routine Laboratory Procedures* (all lab services need to go through Core Labs)	
• Performed at a PCP Office	No Preauthorization Required *some genetic tests may require an authorization
• Performed in a Freestanding Laboratory Facility or Specialist Office	
• Performed at an Outpatient Hospital	Preauthorization Required
Obstetrics	
• Global Obstetrics and Gynecology Care (professional services for pre through postnatal care)	Preauthorization Required (a global authorization is entered upon notification of a pregnancy and includes 3 routine sonograms)
• Inpatient Hospital Services and Birthing Center	Preauthorization Required
• Home Deliveries	
• Breast Pumps (all types)	
• Interruption of Pregnancy	
Pain Management Services	Preauthorization Required
Pre-admission Testing (includes routine testing)	No Pre-authorization Required
Radiology Services (routine X-Rays and EKG's)	
• Performed at a PCP Office	No Preauthorization Required (if anesthesia or sedation is used the test requires a prior authorization)
• Performed at a Freestanding Center or Specialist Office Setting	
• Performed at an Outpatient Hospital	
Therapeutic Radiology Services	
• Performed in a Freestanding Radiology Facility or Specialist Office	Preauthorization Required
• Performed at an Outpatient Hospital	
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	
• Evaluation and Testing	No Preauthorization Required
• Treatment	Preauthorization Required

Preauthorization Requirements* (as of January 1, 2016)

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Authorization Requirement
Second Opinions	No Preauthorization Required
Surgical Services (including Oral Surgery, Reconstructive Breast Surgery, Other Reconstructive & Corrective Surgery, Transplants, & Interruption of Pregnancy)	
• Inpatient Hospital Surgery	Preauthorization Required
• Outpatient Hospital Surgery	
• Surgery Performed at an Ambulatory Surgical Center(ASC)	
• Office Surgery	Preauthorization Required for office-based surgeries that require general anesthesia, moderate or deep sedation

ADDITIONAL SERVICES/THERAPIES-TREATMENTS	Authorization Requirement
ABA Treatment for Autism Spectrum Disorder	
• Evaluation and Testing	No Preauthorization Required
• Treatment	Preauthorization Required
Acupuncture (not covered for all plans; please refer to your specific benefit plan coverage)	
• Evaluation and Testing	No Preauthorization Required
• Treatment	Preauthorization Required
Experimental Treatments/Therapies	Not a Covered Benefit
Clinical Trials	Preauthorization Required

COMMUNICATION DEVICES	Authorization Requirement
Augmented Assistive Communication Devices for Autism Spectrum Disorder	Preauthorization Required

EQUIPMENT & SUPPLIES	Authorization Requirement
Diabetic Equipment, Supplies & Self-Management Education	
• Diabetic Equipment, Supplies and Insulin (30-Day Supply)	No Preauthorization Required
• Insulin Pumps & Supplies	Preauthorization Required
• Diabetic Shoes	
• Diabetic Education	No Preauthorization Required for up to 12 visits annually; Authorization required for visits 13 and up
Durable Medical Equipment & Braces	Preauthorization Required for Items $500 and Above (all breast pumps require a preauthorization)

Preauthorization Requirements* (as of January 1, 2016)

EQUIPMENT & SUPPLIES (continued)	Authorization Requirement
External Hearing Aids (all ages)	Preauthorization Required
Cochlear Implants (all ages)	Preauthorization Required
Hospice Care	
• Inpatient	Preauthorization Required
• Outpatient	
Durable Medical Supplies	No Preauthorization Required
Prosthetic Devices – External	Preauthorization Required

INPATIENT ADMISSIONS	Authorization Requirement
Inpatient Hospitalization for a Continuous Confinement	Preauthorization Required (notification of admission is required within 1 business day of an admission to an acute care facility)
Observation Stay	No Preauthorization Required / Notification Required
Skilled Nursing Facility (SNF)	Preauthorization Required
Acute Inpatient Rehabilitation Services	Preauthorization Required

MENTAL HEALTH & SUBSTANCE ABUSE	Authorization Requirement
Inpatient Mental Health Care (continuous confinement)	Preauthorization Required
Partial Day Hospitalization & Intensive Outpatient Programs	Preauthorization Required
Inpatient Substance Abuse (continuous confinement)	Preauthorization Required
Outpatient Mental Health Services	No Preauthorization Required (outpatient therapies such as ECT requires a preauthorization)
Outpatient Substance Abuse Services	No Preauthorization Required

PRESCRIPTION DRUGS	Authorization Requirement
Retail Pharmacy - 30 Day Supply	
• Tier 1	Preauthorization Required for certain drugs
• Tier 2	
• Tier 3	
Retail Pharmacy - Up to a 90 Day Supply For Maintenance Drugs	
• Tier 1	Preauthorization Required for certain drugs
• Tier 2	
• Tier 3	

Preauthorization Requirements* (as of January 1, 2016)

PRESCRIPTION DRUGS	Authorization Requirement
Mail Order Pharmacy - Up to a 90 Day Supply	
• Tier 1	Preauthorization Required for certain drugs
• Tier 2	
• Tier 3	

PEDIATRIC DENTAL & VISION CARE	Authorization Requirement
Pediatric Dental Care	
• Preventive/Routine Dental Care	No Preauthorization Required
• Major Dental (Endodontics & Prosthodontics)	
• Orthodontia	Preauthorization Required
Pediatric Vision Care	
• Exams	No Preauthorization Required
• Lenses & Frames	
• Contact Lenses	

CareConnect Insurance Company, Inc. ("CareConnect") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CareConnect's Senior Director, Quality Improvement.

If you believe that CareConnect has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CareConnect
Senior Director, Quality Improvement
2200 Northern Blvd., Suite 104, East Hills, NY 11548
Phone: 855-706-7545
TTY: 855-226-7318
Fax: 844-447-2525
Email: CareConnectAppeals@nslijcc.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Senior Director, Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building, Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-226-7318 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-226-7318 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務. 請致電 1-855-226-7318 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-226-7318 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-226-7318 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-226-7318 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-226-7318 (TTY: 711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-226-7318 (TTY: 711).

লক্ষ্য্ করনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করন 1-855-226-7318 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-226-7318 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-226-7318 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-226-7318 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال 1-855-226-7318 (TTY: 711) کریں.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-226-7318 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-226-7318 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-226-7318 (TTY: 711).