

<b>IMPORTANT INFORMATION</b>	<p>Prior authorization requests should be submitted on a UMMSHP Preauthorization Form along with sufficient clinical documentation via fax. To ensure timeliness of prior auth requests, documentation submitted shall include, but is not limited to:</p> <ul style="list-style-type: none"> <li>Completed Preauthorization Form</li> <li>Treatment received to date</li> <li>Current medical health status</li> <li>A proposed treatment plan, when applicable</li> </ul>
<b>Preauthorization request forms available online at:</b>	
<p><b>Maryland Medicaid</b> (University of Maryland Health Partners)  <a href="http://www.UMHealthPartners.com">www.UMHealthPartners.com</a> For Providers            Fax to: <b>410-779-9336 / 443-552-7407 / 443-552-7408</b></p>	<p><b>Medicare D-SNP</b> (University of Maryland Health Advantage)  <a href="http://www.UMMedicareAdvantage.org">www.UMMedicareAdvantage.org</a> For Providers            Fax to <b>844-328-5952</b></p>
Call 800-730-8543 / 410-779-9359 for telephonic inquiries for prior authorization	
<b>OUT OF NETWORK</b>	<p>Before seeking Out of Network care members should speak with their Primary Care Physician. All services rendered Out of Network require prior authorization, including ambulatory surgical centers (ASC) and freestanding facilities, except for the following:</p> <ul style="list-style-type: none"> <li>Urgent or Emergent care</li> <li>Maryland Medicaid Self-Referral Services (e.g. School-Based Health Centers, family planning services, renal dialysis for University of Maryland Health Partners members)</li> </ul> <p>See <b>UM Health Partners</b> member handbook for a full listing of benefits and Self-Referral Services.            See <b>UM Health Advantage</b> Evidence of Coverage for a full listing of benefits.</p>
<b>AUTHORIZATION NOT REQUIRED</b>	<p>UMMSHP does not require authorization for most outpatient, office or ambulatory based services provided by an in network provider and/or facility. Services that can be provided in an ASC setting rather than outpatient hospital setting are strongly encouraged.</p> <ul style="list-style-type: none"> <li>Acupuncture (<b>Medicaid only</b>)</li> <li>Cardiac Cath</li> <li>Chemotherapy</li> <li>Chiropractic Services (under age 21)</li> <li>Cholecystectomy (Laparoscopic)</li> <li>Colonoscopy</li> <li>Cystoscopy (Cystectomy, w/Urethroscopy, w/Lithotripsy)</li> <li>Diabetic Education (Self-Management Training, Nutritional Counseling, Screening and Supplies)</li> <li>Diagnostic Imaging/Therapeutic X-rays               <ul style="list-style-type: none"> <li>Bone Density/Dexa Scan</li> <li>CT/CTA</li> <li>Duplex scan</li> <li>Mammogram</li> <li>MRA/MRI</li> <li>Stress Test</li> </ul> </li> <li>Dialysis</li> <li>DME/DMS (purchases less than \$500)</li> <li>Endoscopy (EGD, ERCP)</li> <li>Emergency/Urgent Care (within US)</li> <li>Hearing Screening</li> <li>Hysteroscopy, Hysterectomy</li> <li>Laboratory/Pathology</li> <li>Nutrition Counseling</li> <li>Observation</li> <li>Office Visits for Physician/Practitioner Services               <ul style="list-style-type: none"> <li>Primary Care including Wellness and/or Preventive Visits, Immunizations/Vaccinations, ESPDT</li> <li>Specialist Consultations/Evaluations</li> <li>Pain Management Consultations/Evaluations</li> <li>Podiatry* including Diabetes care services, and Routine foot care vascular disease affecting lower extremities</li> <li>Prenatal &amp; Postpartum</li> </ul> </li> <li>Radiation Therapy</li> <li>Sleep Studies</li> </ul>
<b>AUTHORIZATION REQUIRED</b>	<p>Verification of eligibility, and/or benefit information, or authorization is not a guarantee of payment. Authorizations are subject to eligibility requirements and benefit plan limitations and assumes that providers bill with codes billable under the current Medicaid or Medicare Fee Schedule.</p>
<b>HOME VISITS</b>	
Concurrent or additional home visits <b>after the Initial Evaluation</b> visit for:	
<ul style="list-style-type: none"> <li>Skilled Nursing</li> <li>Physical Therapy</li> <li>Occupational Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Speech Therapy</li> <li>Home Health Aide</li> <li>Home Infusion</li> </ul>
<ul style="list-style-type: none"> <li>Hospice (<b>Medicaid only</b>)</li> <li>Private Duty Nursing under 21 years of age (<b>Medicaid only</b>)</li> </ul>	

## INPATIENT ADMISSIONS

All elective and emergent admissions, including skilled nursing facility and long-term care facility.

## OUTPATIENT

<ul style="list-style-type: none"> <li>Acne Surgery</li> <li>Audiology</li> <li>Bariatric Surgery</li> <li>Biofeedback</li> <li>Bone Marrow Biopsy, Harvesting, Transplantation</li> <li>Bone Stimulation</li> <li>Cell Harvesting (stem cell, t-cell)</li> <li>Chemodervation</li> <li>Chemical Peels, Dermabrasions</li> <li>Clinical Trials</li> <li>Cosmetic Surgery</li> <li>DME/DMS - Purchased Equipment/Supplies over \$500 and all Rentals and/or Repairs</li> </ul>	<ul style="list-style-type: none"> <li>Facet Joint Injections</li> <li>Hearing Aids</li> <li>Meals Post-Discharge from a Hospital or SNF</li> <li>Nerve Block</li> <li>Neurostimulation</li> <li>Non-Emergency Ambulance Transport <b>(Medicare only)</b></li> <li>Oral and Maxillofacial Surgery</li> <li>Pain Management Procedures – Joint, Trigger Point &amp; Spinal Injections</li> <li>Pharmacy see Carve Outs/Delegation below</li> </ul>	<ul style="list-style-type: none"> <li>Plastic Surgery</li> <li>Radiology                             <ul style="list-style-type: none"> <li>Myocardial Perfusion Studies</li> <li>Positron Emission Tomography (PET)</li> </ul> </li> <li>Reconstructions, Reductions, Implantations</li> <li>Skin/Subcutaneous Tissue Excisions, Removal of Lesions</li> <li>Sterilization</li> <li>Telemedicine and remote patient monitoring</li> <li>Vein Ablation Therapy, Ligation or Stripping</li> </ul>
---	---	---

## REHABILITATIVE THERAPIES

Concurrent or additional home visits **after the Initial Evaluation** visit for:

<ul style="list-style-type: none"> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Therapy</li> </ul> <p><b>See Carve Outs/Delegation for under 21</b></p>	<ul style="list-style-type: none"> <li>Seating Evaluations</li> <li>Pulmonary &amp;/or Cardiac Rehab <b>(Medicaid only; Medicare auth required only after 36 sessions exhausted)</b></li> </ul>
---	---

## CARVE OUTS/DELEGATION

MARYLAND MEDICAID (UNIVERSITY OF MARYLAND HEALTH PARTNERS)	MEDICARE D-SNP (UNIVERSITY OF MARYLAND HEALTH ADVANTAGE)
<b>Pharmacy:</b> CVS Caremark Member Services 855-566-8397 CVS Caremark Prior Authorization 877-418-4133	<b>Pharmacy:</b> CVS Caremark Member Services 844-786-6762 CVS Caremark Prior Authorization 855-344-0930 All Part B versus Part D determinations
Prior Authorization for Formulary and Non-Formulary products requiring: PA (Prior Authorization), QL (Quantity Limit), or ST (Step Therapy)	
Formulary Search Tool online at: <a href="http://www.UMHealthPartners.com">www.UMHealthPartners.com</a> For Providers → Pharmacy Information → Find a Drug or Pharmacy	Formulary Search Tool online at: <a href="http://www.UMMedicareAdvantage.org">www.UMMedicareAdvantage.org</a> For Providers → Pharmacy Information → Find a Drug or Pharmacy
<b>Mental Health/Substance Use Disorder:</b> Specialty Behavioral Health System 800-932-3918	<b>Mental Health &amp; Substance Use Disorder:</b> Beacon Health Options 844-470-6334
<b>Dental (Children/Pregnant Women):</b> Healthy Smiles 855-934-9812 <b>Dental (Adult):</b> DentaQuest 800-341-8478	<b>Dental:</b> DentaQuest 844-474-6334
<b>Vision:</b> Superior Vision 800-879-6901	<b>Vision:</b> Superior Vision 844-475-6334
<b>Non Emergent Medical Transportation:</b> Local Health Department	<b>Non Emergent Medical Transportation:</b> 844-476-6334
<b>Maryland Medical Assistance Beneficiary Hotline 800-492-5231:</b> <ul style="list-style-type: none"> <li>Abortions</li> <li>Emergency Transportation</li> <li>HIV/AIDS services (viral load, genotypic, phenotypic, or other resistance testing)</li> <li>Medical Day Services</li> <li>Outpatient PT, OT &amp; ST for recipients under the age of 21</li> <li>Personal Care Services</li> <li>Speech Augmentation</li> </ul>	<b>Hospice:</b> Original Medicare