

Medical Management

Pre-authorization Requirements

The Pre-authorization requirements noted below apply to all **MUST** benefit plans.

All inpatient admissions and certain outpatient services and procedures **require FCHA pre-authorization**, as also noted in the *Summary of Medical Benefits* applicable to your chosen benefit package. If pre-authorization is not obtained on the services noted below your claims will be denied. Call (877) 714-5557 for pre-authorization on medical services or (800) 640-7682 for mental health or chemical dependency services. Pre-authorization is required for:

- **Ambulance** (except in life-threatening circumstances)
 - Air transport
 - Inter-facility transport
- **Autism** (initial evaluation and treatment plan)
- **Clinical trials** (any treatment provided under a clinical trial)
- **Dental trauma services** (follow-up services)
- **Durable medical equipment, medical supplies and prosthetics**
 - When purchase exceeds \$2,000; or
 - When rental exceeds \$500 per month
- **Experimental, investigational or unproven services**
- **Gastric band adjustments** (when gastric band placement was covered under this Plan)
- **Genetic testing** (excluding standard maternity)
 - Over \$1,000
- **Hearing**
 - Cochlear implants (covered under surgical benefits)
- **Hemodialysis** (for chronic kidney disease)
- **Home health care services**
 - Home health visits
 - Home infusion therapy (enteral and IV)
 - Hospice (respite care only)
- **Hyperbaric therapy**
- **Imaging**
 - PET scans
- **Inpatient admissions**
 - Chemical dependency and mental health admissions (including residential and partial hospitalization)
 - Inpatient hospice

- Inpatient rehabilitation admissions
- Medical/surgical admissions (excluding routine maternity deliveries)
- Skilled nursing admissions
- **Medical injectables and other drugs**
 - Blood clotting factors
 - Botox A & B
 - Intravenous immunoglobulin (IVIG) therapy
 - Synagis
- **Medical Weight Loss Services** (non-surgical)
- **Organ and bone marrow transplants** (includes evaluation of, services for both recipient and donor, and travel and lodging expenses)
- **Reconstructive procedures** - All procedures that may be considered cosmetic, including but not limited to:
 - Breast reduction
 - Eyelid surgery (i.e. blepharoplasty)
 - Removal of breast implants
 - Rhinoplasty
 - Varicose vein procedures
- **Surgical services**
 - Stereotactic radiosurgery (i.e. gamma knife, cyber knife, proton beam)
 - Surgical interventions for sleep apnea
- **Travel benefit**

For any of these procedures, you are responsible for obtaining pre-authorization directly from FCHA. You may have your provider contact FCHA for you, but you are ultimately responsible. As noted above, if you neglect to obtain pre-authorization for services which require it your claim(s) will be denied. Payments of claims denied for lack of pre-authorization do **not** apply toward your Benefit Period deductible or out-of-pocket maximums.

Your provider may submit an advance request to FCHA Medical Management for benefit or medical necessity determinations. If a service could be considered experimental and investigational for a given condition, we recommend a benefit determination in advance, since those services are not covered.

Notification for Emergency Admissions

Admissions directly from the emergency room do not require pre-authorization. However notification is required within 2 business days after the admission, or as soon as possible. You, or your provider, may call FCHA at the number on your ID card.