

SERVICE AUTHORIZATION REFERENCE GUIDE

PCPs must obtain Service Authorization from CPHL before referring a Member to an out-of-network Provider. The Service Authorization Request Form can be found at www.centersplan.com/providers (Quick Links to the right). UM is available 9-5/M-F via phone (1-844-292-4211, Press 1) or email (UM@centersplan.com) to assist Providers.

*C = Covered Benefit SAR = Service Authorization Required X = Not Covered Benefit			HEA	HEALTH PLAN (LINE OF BUSINESS)				
SERVICE DETAILS			MLTC	FIDA	MAPD	DSNP	ISNP	
MD Visits	Primary Care Physician (PCP)		Х	С	С	С	С	
	Specialists (Except those listed directly below)			C	C	C		
	**Podiatry, Optometry, Dentistry, Audiology		SAR	SAR	SAR	SAR	SAR	
Outpatient	Physical/Occupational/Speech Therapy		SAR	SAR	SAR	SAR	SAR	
Therapies	Chiropractic		Х	SAR	SAR	SAR	SAR	
Hospital Services	ER Visit, Observation Stay		Х	С	С	С	С	
	Inpatient Medical Admission	Outpatient Surgery						
	Psychiatric Admission	PT, OT, SLP	SAR	SAR	SAR	SAR	SAR	
	Acute Rehab	Detox Stay						
Radiology	***Chest and Skeletal X-Rays		Х	С	С	С	SAR	
	Hi Tech Imaging (CT, PET, Nuclear,	MRI, MRA)	Х	SAR	SAR	SAR	SAR	
	Ultrasound		^					
DME & Medical Supplies	Monaural Hearing Aid		С	С	С	С	С	
	Hearing Aid Batteries		C	C	C	C		
	Binaural Hearing Aid	Manual Wheelchair						
	Cane	Motorized Wheelchair						
	Fixed/Folding/Seated Walker	Power Operated Vehicles						
	Mattresses	Hospital Bed, Accessories						
	Hoyer Lift	Speech Generating Devices						
	CPAP/BIPAP	Wound Vac						
	Oxygen	Wound Care (Gauze, Saline)	SAR	SAR	SAR	SAR	SAR	
	Nebulizer	Ostomy Supplies						
	Ventilator	Catheters and Drain Bags						
	Commode	Compression Stockings						
	Prosthetics and Orthotics	Diabetic Testing Supplies						
	Orthopedic Shoes, Inserts	Enteral Formula (Tube)						
	Diabetic Shoes	Feeding Pumps, Accessories						
	Raised Toilet Seat	Topical Oxygen Therapy	SAR	SAR	Х	х	SAR	
	Shower Chair/Transfer Bench	Incontinence Supplies						
	Grab Bar/Toilet Rail/Tub Rail	Enteral Formula (Oral)						
СННА	All CHHA Services (Skilled RN, PT, OT, SLP, SW, HHA)		SAR	SAR	SAR	SAR	SAR	
Skilled Nursing Facility Services & LTSS	Sub-Acute Rehab		SAR	SAR	SAR	SAR	SAR	
	Long Term/Custodial Care	Personal Care Aid						
	Hospice Care	Social Day Care	SAR	SAR	Χ	Х	Х	
	Respite Care	Adult Day Health Care						
Home Infusion	Infusion Pump, Supplies, Nursing		SAR	SAR	SAR	SAR	Х	
Transportation	Livery		С	С	Х	SAR	Х	
	Ambulette		SAR	SAR	X	SAR	Х	

^{*}All non-participating providers require prior authorization

^{**}Benefit Limitations apply; Delegated Vendor must be utilized

^{***}Exception SAR required for any Member during SNF/STR inpatient confinement