

## **Appendix XI — Preauthorization Guidelines by Service Type**

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### **Appendix XI-A — Preauthorization Guidelines for Healthfirst Medicaid, Child Health Plus, Medicare, and CompleteCare Plans**

Preauthorization is not a guarantee of payment. Benefits are determined by the member's eligibility. Policies are subject to change. Written formal referrals are not required for Healthfirst Medicaid, Child Health Plus, Medicare, and CompleteCare members to receive care from in-network specialists.







NC = Not Covered

NA = Not Applicable/No Authorization Required

\* Carved out to Fee for Service Medicaid for SSI Medicaid Members

\*\* Carved out to Fee for Service Medicaid

<sup>1</sup> Coverage only applies to pregnant or post-partum women

<sup>2</sup> Must be performed in a Medicare Certified Facility

<sup>3</sup> Certain services require prior authorization. Services that require prior authorization are specifically listed in this grid.

Outpatient Behavioral Health Services and Elective Inpatient Behavioral Health Admissions for members whose PCP is affiliated with Montefiore, Montefiore North and for Medicaid members whose PCP is affiliated with Einhorn are delegated to United Behavioral Associates (UBA) 1.800.401.4822

Services That Require Prior Authorization	Medical		FHP	CHP	65 Plus Plan	Increased Benefits Plan	Coordinated Benefits Plan	Life		Complete Care
	FHP	Medical						Improvement Plan	Maximum Plan	
ECT	X	X	X	X	X	X	X	X	X	X
Neuropsychological Testing	X	X	X	X	X	X	X	X	X	X
Psychological Testing	X	X	X	X	X	X	X	X	X	X
Cognitive Skills & Development Testing	X	X	X	X	X	X	X	X	X	X
Partial Hospitalization	NC	NC	NC	X	X	X	X	X	X	X
Intensive Outpatient Mental Health	NC	NC	NC	X	NC	NC	NC	NC	NC	NC
Comprehensive Psychiatric Emergency Programs (CPEPs)	X	X	X	X	X	X	X	X	X	X
Day Treatment	NC	NC	NC	X	NC	NC	NC	NC	NC	X
Elective Inpatient Behavioral Health Admissions	X	X	X	X	X	X	X	X	X	X

NC = Not Covered