



Friday Health Plans

NOTIFICATION & PREAUTHORIZATION LIST

Nevada

It is important to verify **Benefits and Eligibility with Friday Health Plans for *all* services.** The Services listed below may be governed by Friday Health Plans Medical Policies, which may impact coverage decisions. **All planned admissions and any procedure require preauthorization, unplanned admissions require notification** unless otherwise specified below.

Preauthorization is required **before** the service is provided in non-emergent situations. Retroactive requests will be denied unless there are extenuating circumstances. All pre-authorizations should be requested using Friday Health Plans request form. **Supporting documentation (e.g., notes and lab or radiology findings) should be sent with all preauthorization requests.**

For notification or preauthorization:

Phone: 1-844-535-2000 option 4

Medical Fax: 1-888-827-9646

Online: fridayhealthplans.com

| <u>SERVICES REQUIRING NOTIFICATION</u> | |
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| SERVICE | COMMENTS |
| Admissions – all medical and surgical inpatient admissions | Notification is the responsibility of the contracting facility providing the service |
| Observation Stays resulting from ER visit over 23 hours | Notification is the responsibility of the contracting facility providing the service. |
| Observations Stays, unanticipated after surgery or other procedure over 23 hours | Notification is the responsibility of the contracting facility providing the service. |
| OON Network Observation stays or admissions | Notification is the responsibility of the contracting facility providing the service. And will be subject to emergent criteria review. |

| <u>SERVICES REQUIRING PREAUTHORIZATION</u> | | |
|--|---|--|
| This list may not be all-inclusive. Services must be provided by participating providers. Please call if you are uncertain whether a referral is necessary, or a provider is participating. | | |
| CATEGORY | SERVICE | COMMENT |
| Admissions | All planned or scheduled inpatient medical and surgical admissions including acute, rehab, and skilled nursing facility. | |
| Ambulance or Air Transport | Non-emergent transport or transfer | Generally, not covered |
| Breast reconstruction | Post- mastectomy for breast cancer and revisions. | Breast reductions also covered with authorization. |
| Cardiac Procedures | EP studies, ablations cardiac catheterizations. | Diagnostic testing covered another section |
| Dental | All dental related services | Generally, not covered |
| DME/ Devices Replacement of devices every 36 months | Durable medical equipment over \$500 | Authorization not needed for bilirubin bed for a newborn, cpap supplies, diabetic supplies, oxygen and supplies. |
| | Cochlear implants | Covered only if child under 19 and has craniofacial abnormalities or significant hearing loss makes traditional hearing aids inadequate. |

SERVICES REQUIRING PREAUTHORIZATION

This list may not be all-inclusive. Services **must be provided by participating providers**. Please call if you are uncertain whether a referral is necessary, or a provider is participating.

| CATEGORY | SERVICE | COMMENT |
|--------------------------------|--|---|
| Diagnostic Procedures (cont'd) | Arteriogram | |
| | Angiogram | |
| | CT scans | |
| | Upper Endoscopy | 43235, 43236, 43237, 43238, 43239 do not require auth Advanced procedures only. For example dilation, varices banding etc |
| | MRIs, MRA's | Except Breast MRI |
| | Myelogram | |
| | PET or SPECT scans other than Cardiac | |
| | Sleep studies except home sleep studies | |
| | MCOT | |
| | Transesophageal Echocardiogram | |
| Dialysis | All services | |
| Genetic testing | All services | Generally non-covered service except prenatal testing and BRCA |
| Habilitative Therapies | Physical Therapy | Must submit auth after 20 visits. Plan max 120 visits/year combined modalities |
| | Occupational Therapy | Must submit auth after 20 visits. Plan max 120 visits/year combined modalities |
| | Speech Therapy | Must submit auth after 20 visits. Plan max 120 visits/year combined modalities |
| Hematology and Oncology | Cancer treatment including chemo, radiation, and surgery | Submit treatment plan as soon as known to facilitate rapid approval of necessary services. |
| Home Services | Home care | Auth required after 30 visits |
| | Home infusion services | |
| | Hospice services | Required after first 6month benefit. |
| | Medical foods or enteral nutrition | Oral foods generally not a covered benefit |
| | Respite Care | Covered with hospice. Max of 5 days every 90 days. |
| | Total parenteral nutrition | |
| Injections and Infusions | Back injections | ESI, RFA, MBB, Facet |
| | Medical injectables >\$1000 | |
| | Infusion pumps | |
| | All infusions | |
| Mental Health/Substance Abuse | Electroconvulsive therapy | |
| | Transcranial Magnetic Stimulation (TMS) | |
| | Partial Hospitalization | |
| Ophthalmology | Medical eye condition treatments | Cataracts and Yag laser covered without auth |
| Out-of-Network Services | Any service | Generally, not a covered benefit. Only approved if medically necessary AND not available in-network. |
| Outpatient Services | Any in-office procedure costing >\$1000 | Call Friday Health Plans for details |
| | Hyperbaric oxygen therapy | |
| | Infertility services | Diagnostic and treatment of involuntary infertility and artificial insemination. Limited benefit. |
| | Photodynamic therapy | |
| Podiatry | All procedures | Routine foot care is generally not covered. |
| Rehabilitation | Cardiac and Pulmonary | Limited benefit. |
| Rehabilitation therapies | Chiropractic care | Plan max 20 visits/year |
| | Physical Therapy | Must submit auth after 20 visits. Plan max 120 visits/year combined modalities |
| | Occupational Therapy | Must submit auth after 20 visits. Plan max 120 visits/year combined modalities |

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|------------------------|---|--|
| | Speech Therapy | Must submit auth after 20 visits. Plan max 120 visits/year combined modalities |
| Transgendered services | All services that require authorization in the other categories | Some services are not covered. Call Friday Health Plans to check. |
| Transplants | All services | |