Friday Health Plans
NOTIFICATION & PREAUTHORIZATION LIST
Texas

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, all unplanned admission 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: 1-844-451-4444 **Medical Fax: 1-888-872-7969** **Email: tx-medical@fridayhealthplans.com**

SERVICES REQUIRING NOTIFICATION	
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.

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**
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	

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	
	Angiograms	
	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	
Habilitative Therapies	Physical Therapy	Plan max 35 visits/year combined modalities
	Occupational Therapy	Plan max 35 visits/year combined modalities
	Speech Therapy	Plan max 35 visits/year
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	Limited to 60 visits per plan year combined modalities.
	Home infusion services	
	Hospice services	Required after first 6 month benefit.
	Medical foods or enteral nutrition	Oral foods generally not a covered benefit
	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 services of involuntary infertility only. Unless Small group plan then some Invitro fertilization services are covered. Call plan for details.
	Photodynamic therapy	
Podiatry	All procedures	Routine foot care is generally not covered.
Rehabilitation	Cardiac and Pulmonary	Limited benefit.
Rehabilitation therapies	Chiropractic care	Plan max 35 visits/year combined modalities
	Physical Therapy	Plan max 35 visits/year combined modalities
	Occupational Therapy	Plan max 35 visits/year combined modalities
	Speech Therapy	Plan max 35 visits/year.
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	