

SERVICES THAT REQUIRE A PA/REFERRAL – COMMERCIAL PLANS

This guide serves as a notice about TakeCare's Prior Authorization and/or Referral requirement for covered services.

Procedures which are not specifically listed will be evaluated based on Medical Necessity and the member's plan benefits. Medicare CCI rules apply. This is a brief summary and list may change throughout the year.

Prior Authorization (PA) – written approval from TakeCare
Referral (REF) – referral from Primary Care Physician (PCP)

List of services, but not limited to the following:

TYPE OF SERVICE	REF	PA
♦Specialist visits	✓	
♦Cardiac care	✓	✓
♦Oncology care services	✓	✓
♦Oncology care (chemotherapy drugs)	✓	✓
♦Imaging (CT/PET scans, MRIs)	✓	✓
♦Nuclear medicine	✓	✓
♦Plain film x-ray, ultrasound, EEG, EKG, ECG, Stress echocardiogram, Transthoracic Echocardiogram, Transesophageal Echocardiogram, DEXA scan	✓	
♦Specialist laboratory (any laboratory services costing in excess of \$200)	✓	✓
♦Diagnostic sleep study	✓	✓
♦Allergy Testing and Treatment	✓	✓
♦Non-preferred brand drugs (Tier 3)	✓	✓
♦Preferred and non-preferred specialty drugs (Tier 4 and Tier 5) (Other than Chemotherapy drugs)	✓	✓
♦Highly Specialized Drugs (Tier 6)	✓	✓
♦Weight loss medication	✓	✓
♦Outpatient Surgery	✓	✓
♦Sterilization		✓
♦Orthopedic surgery	✓	✓

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TYPE OF SERVICE	REF	PA
♦External prosthetic (coverage applies only to post mastectomy surgical bra)	✓	✓
♦Intraocular lenses	✓	✓
♦Hospital Stay/Inpatient Services	✓	✓
♦Blood and Blood Products	✓	✓
♦Breast Reconstructive Surgery	✓	✓
♦Skilled Nursing Facility	✓	✓
♦Inpatient Rehabilitation and Habilitation Services	✓	✓
♦Robotic Surgery/Robotic Suite	✓	✓
♦Maternity Delivery for hospital stays beyond 48 hours for a vaginal delivery, or 96 hours for a cesarean section.		✓
♦Home health care outside the Service Area	✓	✓
♦Rehabilitation services	✓	
♦Durable medical equipment	✓	✓
♦Autism Spectrum Disorder Coverage	✓	✓
♦Coverage for complications of newborn or infancy care and/or congenital abnormalities	✓	✓
♦Hospice services at FHP Home Health		✓
♦End Stage Renal Diseases	✓	✓
♦Cardiac Surgery	✓	✓
♦Organ Transplant	✓	✓

Prior Authorization (PA) and Referral (REF) must be obtained prior to performing the procedure or rendering the service. No retroactive approvals shall be granted.

Payment of claims is subject to review in accordance with TakeCare's health plan benefits, exclusions, policy provisions and member eligibility at the time the services are rendered.

Payment of claims is based on the provider's "Agreement" with TakeCare. Services not listed under the "Agreement" will not be paid by TakeCare.

For any questions, kindly contact TakeCare's Contracting department: Zarina Caliboso at (671) 646-6959 x7164 or email Zarina.Caliboso@takecareasia.com.

