

IMPORTANT INFORMATION		
<p>Prior authorization requests should be submitted on a UMMSHP Preauthorization Form along with sufficient clinical documentation via fax. To ensure timeliness of prior auth requests, documentation submitted shall include, but is not limited to:</p> <ul style="list-style-type: none"> • Completed Preauthorization Form • Current medical health status • Treatment received to date • A proposed treatment plan, when applicable 		
Preauthorization request forms available online at:		
<p>Maryland Medicaid (University of Maryland Health Partners) www.UMHealthPartners.com For Providers Fax to: 410-779-9336 / 443-552-7407 / 443-552-7408</p>	<p>Medicare D-SNP (University of Maryland Health Advantage) www.UMMedicareAdvantage.org For Providers Fax to 844-328-5952</p>	
Call 800-730-8543 / 410-779-9359 for telephonic inquiries for prior authorization		
OUT OF NETWORK	<p>Before seeking Out of Network care members should speak with their Primary Care Physician. All services rendered Out of Network require prior authorization, including ambulatory surgical centers (ASC) and freestanding facilities, except for the following:</p> <ul style="list-style-type: none"> • Urgent or Emergent care • Maryland Medicaid Self-Referral Services (e.g. School-Based Health Centers, family planning services, renal dialysis for University of Maryland Health Partners members) <p>See UM Health Partners member handbook for a full listing of benefits and Self-Referral Services. See UM Health Advantage Evidence of Coverage for a full listing of benefits.</p>	
AUTHORIZATION NOT REQUIRED	<p>UMMSHP does not require authorization for most outpatient, office or ambulatory based services provided by an in network provider and/or in network freestanding facility. Services that can be provided at an outpatient freestanding facility rather than at outpatient hospital must be.</p> <ul style="list-style-type: none"> • Acupuncture (Medicaid only) • Cardiac Cath • Chemotherapy • Chiropractic Services (under age 21) • Cholecystectomy (Laparoscopic) • Colonoscopy • Cystoscopy (Cystectomy, w/Urethroscopy, w/Lithotripsy) • Diabetic Education (Self-Management Training, Nutritional Counseling, Screening and Supplies) • Dialysis • DME/DMS (purchases less than \$500) • Endoscopy (EGD, ERCP) • Emergency/Urgent Care (within US) • Hearing Screening • Hysteroscopy, Hysterectomy • Laboratory/Pathology • Nutrition Counseling • Observation • Office Visits for Physician/Practitioner Services <ul style="list-style-type: none"> ○ Primary Care including Wellness and/or Preventive Visits, Immunizations/Vaccinations, ESPDT ○ Specialist Consultations/Evaluations ○ Pain Management Consultations/Evaluations ○ Podiatry* including Diabetes care services, and Routine foot care vascular disease affecting lower extremities ○ Prenatal & Postpartum • Radiation Therapy • Radiology at outpatient freestanding facilities including: <ul style="list-style-type: none"> ▪ Bone Density/Dexa Scan ▪ CT/CTA Duplex scan ▪ Diagnostic Imaging/Therapeutic X-rays ▪ Mammogram ▪ MRA/MRI ▪ Stress Test • Sleep Studies 	
AUTHORIZATION REQUIRED	<p>Verification of eligibility, and/or benefit information, or authorization is not a guarantee of payment. Authorizations are subject to eligibility requirements and benefit plan limitations and assumes that providers bill with codes billable under the current Medicaid or Medicare Fee Schedule.</p>	
HOME VISITS		
Concurrent or additional home visits after the Initial Evaluation visit for:		
<ul style="list-style-type: none"> • Skilled Nursing • Physical Therapy • Occupational Therapy 	<ul style="list-style-type: none"> • Speech Therapy • Home Health Aide • Home Infusion 	<ul style="list-style-type: none"> • Hospice (Medicaid only) • Private Duty Nursing under 21 years of age (Medicaid only)

INPATIENT ADMISSIONS

All elective and emergent admissions, including skilled nursing facility and long-term care facility.

OUTPATIENT

<ul style="list-style-type: none"> Acne Surgery Audiology Bariatric Surgery Biofeedback Bone Marrow Biopsy, Harvesting, Transplantation Bone Stimulation Cell Harvesting (stem cell, t-cell) Chemodenervation Chemical Peels, Dermabrasions Clinical Trials Cosmetic Surgery DME/DMS - Purchased Equipment/Supplies over \$500 and all Rentals and/or Repairs Facet Joint Injections 	<ul style="list-style-type: none"> Hearing Aids Meals Post-Discharge - Hospital or SNF Nerve Block Neurostimulation Non-Emergency Ambulance Transport (Medicare only) Oral and Maxillofacial Surgery Pain Management Procedures – Joint, Trigger Point & Spinal Injections Pharmacy see Carve Outs/Delegation below Plastic Surgery Radiology at freestanding or outpatient hospital facilities: <ul style="list-style-type: none"> Myocardial Perfusion Studies Positron Emission Tomography (PET) 	<ul style="list-style-type: none"> Radiology at outpatient hospital facilities including: <ul style="list-style-type: none"> Bone Density/Dexa Scan CT/CTA Duplex scan Diag Imaging/Therapeutic X-rays Mammogram MRA/MRI Stress Test Reconstructions, Reductions, Implantations Skin/Subcutaneous Tissue Excisions, Removal of Lesions Sterilization Telemedicine and remote patient monitoring Vein Ablation Therapy, Ligation or Stripping
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REHABILITATIVE THERAPIES

Concurrent or additional home visits **after the Initial Evaluation** visit for:

<ul style="list-style-type: none"> Physical Therapy Occupational Therapy Speech Therapy <p>See Carve Outs/Delegation for under 21</p>	<ul style="list-style-type: none"> Seating Evaluations Pulmonary &/or Cardiac Rehab (Medicaid only; Medicare auth required only after 36 sessions exhausted)
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CARVE OUTS/DELEGATION

MARYLAND MEDICAID (UNIVERSITY OF MARYLAND HEALTH PARTNERS)	MEDICARE D-SNP (UNIVERSITY OF MARYLAND HEALTH ADVANTAGE)
<p>Pharmacy: CVS Caremark Member Services 855-566-8397 CVS Caremark Prior Authorization 877-418-4133</p>	<p>Pharmacy: CVS Caremark Member Services 844-786-6762 CVS Caremark Prior Authorization 855-344-0930 All Part B versus Part D determinations</p>
<p>Prior Authorization for Formulary and Non-Formulary products requiring: PA (Prior Authorization), QL (Quantity Limit), or ST (Step Therapy)</p>	
<p>Formulary Search Tool online at: www.UMHealthPartners.com For Providers → Pharmacy Information → Find a Drug or Pharmacy</p>	<p>Formulary Search Tool online at: www.UMMedicareAdvantage.org For Providers → Pharmacy Information → Find a Drug or Pharmacy</p>
<p>Mental Health/Substance Use Disorder: Specialty Behavioral Health System 800-932-3918</p>	<p>Mental Health & Substance Use Disorder: Beacon Health Options 844-470-6334</p>
<p>Dental (Children/Pregnant Women): Healthy Smiles 855-934-9812</p>	<p>Dental: DentaQuest 844-474-6334</p>
<p>Vision: Superior Vision 800-879-6901</p>	<p>Vision: Superior Vision 844-475-6334</p>
<p>Non Emergent Medical Transportation: Local Health Department</p>	<p>Non Emergent Medical Transportation: 844-476-6334</p>
<p>Maryland Medical Assistance Beneficiary Hotline 800-492-5231:</p> <ul style="list-style-type: none"> Abortions Emergency Transportation HIV/AIDS services (viral load, genotypic, phenotypic, or other resistance testing) Medical Day Services Outpatient PT, OT & ST for recipients under the age of 21 Personal Care Services Speech Augmentation 	<p>Hospice: Original Medicare</p>