PRESBYTERIAN

Intel Connected Care Utilization Notification (UN)*/Prior Authorization (PA) Guide

Benefit	Medical Neighborhood		Not in Medical Neighborhood	MultiPlan/PHCS (outside NM)	All Other
			Not Contracted/Nonparticipating Providers		
	PA Required	UN Required	PA Required	PA Required	PA Required
Inpatient Services					
Hospital Admission (Inpatient)	No	Yes	Yes	Yes	Yes
Observation greater than 24 hours	No	Yes	Yes	Yes	Yes
Bariatric Services/Surgery	No	Yes	Yes	Yes	Yes
PT/OT/ST – Inpatient	No	Yes	Yes	Yes	Yes
Reconstructive Services	No	Yes	Yes	Yes	Yes
Delivery and other hospital OB services	No	Yes	Yes	Yes	Yes
Gender Reassignment Services - Inpatient	Yes	No	Yes	Yes	Yes
Dental Services – Inpatient	Yes	No	Yes	Yes	Yes
Transplants	Yes	No	Yes	Yes	Yes
Massage Therapy	Yes	No	Yes	Yes	Yes
Outpatient Services					
Outpatient Surgery (Facility) Intel Connected Care UN requirements will mirror the PHP Medical Management PA requirements for outpatient surgeries performed in an in-network facility.	No	Yes	No	No	No
MRI/CT/PET (in-network thru Health Help)	No	Yes	No	No	No
Other					
Home Health Care	No	No	No	No	No
Patient-Centered Medical Home (PCMH)	No	No	No	No	No
Specialist	No	No	No	No	No
Outpatient Surgery(Physician Office)	No	No	No	No	No
Allergy Services	No	No	No	No	No
Infertility Services	No	No	No	No	No
Observation less than 24 hours	No	No	No	No	No

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[PPC111205]

Presbyterian Health Plan

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Service					
Skilled Nursing visits	No	No	No	No	No
Emergency Room	No	No	No	No	No
Urgent Care	No	No	No	No	No
Ambulance Services	No	No	No	No	No
Lab, X-ray, Diagnostic Tests	No	No	No	No	No
Clinical Preventive Services	No	No	No	No	No
Chemotherapy	No	No	No	No	No
Home/Sleep Studies	No	No	No	No	No
Implantable Contraceptive Device	No	No	No	No	No
In-office OB/Maternity care, pre/post natal care	No	No	No	No	No
Mental Health/Substance Abuse – Outpatient	No	No	No	No	No
Dialysis/Plasmaphoresis/Photophoresis	No	No	No	No	No
Cardiac & Pulmonary Therapy	No	No	No	No	No
PT/OT/ST – Outpatient	No	No	No	No	No
Acupuncture	No	No	No	No	No
Chiropractic Svcs	No	No	No	No	No
Biofeedback	No	No	No	No	No
Hospice	No	No	No	No	No
Dental Services – outpatient	No	No	No	No	No
Gender Reassignment Services - Outpatient	No	No	No	No	No
Tobacco Cessation	No	No	No	No	No
Developmental Delay (PT/OT/ST ~ limited to 60 visits per member per calendar year per therapy type)	No	No	No	No	No
Durable Medical Equipment	No	No	No	No	No
Domestic Travel Coordination	No	Yes	Yes	Yes	Yes

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