

SERVICE LISTING TAKECARE HEALTH PLANS

TAKECARE INSURANCE COMMERCIAL PLAN - List of services that require Prior Authorization (“PA”) from TakeCare’s Medical Management and/or Referral (“REF”) from a Primary Care Provider (“PCP”) or Requesting Provider/s, but not limited to the following.

TYPE OF SERVICE	REF	PA
Allergy Testing and Treatment	X	X
Autism Spectrum Disorder Coverage	X	X
Breast Reconstructive Surgery		X
Cardiac care	X	X
Coverage for complications of newborn or infancy care and/or congenital abnormalities	X	X
Diagnostic sleep study	X	X
External prosthetic (coverage applies only to post mastectomy surgical bra)		X
Habilitation services – speech therapy and occupational therapy	X	X
Home health care outside the service area		X
Hospice services at FHP Home Health		X
Hospital stay/inpatient services		X
If pregnant – childbirth/delivery professional services		X
Imaging (CT/PET scans, MRIs)	X	X
Intraocular lenses		X
Nuclear medicine	X	X
Off-island, non-emergency care	X	X
Oncology care	X	X
Orthopedic surgery	X	X
Outpatient Surgery		X
Plain film x-ray, ultrasound, EEG, EKG, ECG, Stress echocardiogram, Transthoracic Echocardiogram, Transesophageal Echocardiogram, DEXA scan	X	
Rehabilitation services – physical therapy	X	X
Robotic Surgery/Robotic Suite		X
Skilled Nursing Facility		X
Specialist laboratory (any laboratory services costing in excess of \$200)	X	X
Specialist visits	X	X (Off-island)
Sterilization		X

TAKECARE INSURANCE GOVGUAM PLAN - List of services that require Prior Authorization (“PA”) from TakeCare’s Medical Management, but not limited to the following. Any specialist care/treatment requires a referral (“REF”) from a Primary Care Provider (“PCP”).

TAKECARE INSURANCE FEDERAL PLAN - List of services that require Prior Authorization (“PA”) from TakeCare’s Medical Management, but not limited to the following. Under the High and Standard Options, any specialist, any specialist consultation requires a referral (“REF”) from a Primary Care Provider (“PCP”), with the exception of OB/GYN. Under the HDHP Option, specialist consultations do not require a PCP referral (“REF”).

TYPE OF SERVICE	GOVGUAM PLAN	FEDERAL PLAN
Ambulatory Surgi-center Care		All surgical procedures except circumcisions if done within 31 days from the date of birth
Autism Spectrum Disorder Coverage		Applied Behavior Analysis (ABA) for the treatment of Autism Spectrum Disorder (ASD)
Breast Reconstructive Surgery		Audiological exams
Cardiac surgery		Bariatric surgery
Cataract Surgery (outpatient only, including conventional lens)		CT scans
Chemotherapy benefit		Foot care and podiatry services
Congenital Anomaly Disease Coverage		Growth Hormone Therapy (GHT)
Diagnostic Testing (MRI, CT scan and other diagnostic procedures)		Hospitalization
Durable medical equipment		MRIs
Elective Surgery		Nuclear Medicine
End Stage Renal Disease/Hemodialysis		Off-island, non-emergency care
Hospice services		Oncology consultations
Hospitalization & Inpatient Benefits		Other procedures including colonoscopy and endoscopy
Implants		Out-of-area hospitalization
Nuclear medicine		Plastic/reconstructive consultation and procedures
Occupational Therapy (off island)		Podiatry procedures
Off-island, non-emergency care		Sleep studies
Organ Transplant		Specialty care follow up (testing and procedures)
Orthopedic Conditions		Transplants
Physical Therapy (off island)		
Radiation Therapy		
Robotic Surgery/Robotic Suite		
Skilled Nursing Facility		
Sleep Apnea (diagnostic and therapeutic procedure)		
Specialist laboratory (any laboratory services costing in excess of \$300)		
Speech Therapy (off island)		
Sterilization Procedures [vasectomy (outpatient only)]		

*Information subjected to change.

Prior Authorization/Pre Certification Key Points

EMERGENCY SERVICES	CHEMOTHERAPEUTIC AGENTS & SPECIALTY DRUG	STAT PROCEDURES	SPECIALIST OFFICE PROCEDURES
No, PA is not required	Yes, all initial chemotherapy treatments require PA Subsequent chemotherapy treatments using the exact same Rx prescription may be covered under the initial PA	STAT procedures will be reviewed for coverage based on documentation of medical necessity upon submission of claims to TakeCare	Yes, PA is required for all office procedures to be done in an ambulatory surgery center.
Reimbursement will be based on Member's eligibility at the time of service & appropriate billing. Clean claims will have proper CPT, DOS, POS codes with the reported Severity of Illness consistent with the Intensity of Service rendered.	Chemotherapeutic agents & specialty drugs obtained from local network pharmacy's require PA		Yes, PA is required for all other elective office procedures/surgeries not identified on the list
TakeCare must be notified within 48 hours of ER visit.			

1. VALIDATION PERIOD

PA's are valid for up to 60 days. An extension request may be submitted to TakeCare after the 60 days have lapsed and service(s) have not been provided.

2. MANDATORY PRIOR PA APPROVAL

If PA is required, it must be submitted PRIOR to performing any surgery, procedure or entering the service. TakeCare will not give retroactive approvals. Per contact agreement, *"member will not be balanced billed."*

3. PAYMENT OF CLAIMS

Payment of claims for listed procedures is still subject to review in accordance with TakeCare health plan benefits, exclusions, policies, and the Member's eligibility at the time the service is rendered.

4. MEDICAL RECORD SUBMISSION

All medical records including the consultation or progress notes, laboratory, diagnostic, radiology and/or pathology results will be attached to all PA requests via:

- Online Provider Portal
- Fax (671) 647-3541
- Email MedicalManagement@takecareasia.com

Prior Authorization ("PA") and Referral ("REF") must be obtained prior to performing the procedure or rendering the service. No retroactive approvals will 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" and/or "Contract" with TakeCare Insurance Company, Inc. Any services not listed in the "Agreement" and/or "Contract" will not be paid by TakeCare.

CUSTOMER SERVICE

Criteria subject to change, for inquires contact

Customer Service Department

Phone: (671) 647-3526

Email: customerservice@takecareasia.com

MEDICAL REFERRAL OFFICE

PA and Medical Referral Service is available Monday to

Saturday, 24 hours/day

Phone: (671) 300-5995

Email: tc.mrs@takecareasia.com

MEDICAL RECORD SUBMISSION

All medical records including the consultation or progress notes, laboratory, diagnostic, radiology and/or pathology results will be attached to all PA requests via: Online Provider Portal

Fax: (671) 647-3541

Email: MedicalManagement@takecareasia.com

PROVIDER INQUIRIES

Contracting & Credentialing Department

Phone: (671) 646-6956

Email: tc.provider@takecareasia.com