



# Memo

To: Allergy & Immunology TPA Providers  
Date: March 19, 2013  
Re: Intense Allergy Desensitization Effective 10/1/12

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## TPA Benefit for Intense Allergy Desensitization

Effective October 1, 2012, as per the Prior Authorization Flyer, all Allergy Immunotherapy and Desensitization require a prior authorization. A recent audit revealed that some codes were missing from our original configuration. As of February 21, 2013, we have added the following codes (95115- 95199) to require a prior authorization. We also want to make you aware that code 95165 will now be limited to 160 doses per benefit year (October 1, 2012 to September 30, 2013).

If you submitted claims on or after February 21, 2013 and were denied for lack of prior authorization, we will manually re-process them without any action from your end. You do not need to submit a retro authorization. However, *effective April 1*, we must receive a prior authorization for all *Allergy Immunotherapy and Desensitization*.

Please download our Prior Authorization forms from our website under Forms/Health Services Forms at <http://www.epfirst.com/ProvidersForms.html>.

If you have any questions, please contact our Member Services Department at 915-532-3778 press 4 and then 1529 from 7 am to 5 pm Monday to Friday. Thank you for the care you provide to Preferred Administrators members.



**OUTPATIENT  
FAX NUMBER:  
915-298-7866**

**PROCEDURES & SERVICES REQUIRING  
PREAUTHORIZATION/NOTIFICATION**

**INPATIENT  
FAX NUMBER:  
915-298-5278**

**All Pre-certification Requests must be individually FAXED**

Pre-authorization is based on information provided to Preferred Administrators at the time of request, and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of pre-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.

Please contact TPA administration to verify payment, eligibility, and benefits.



Preferred Administrators appreciates the care you provide for our members.

Please notify Preferred Administrators AS SOON AS POSSIBLE to begin the pre-authorization process.

A 72-Hour advance notice allows us to review the request for services and respond in a timely manner.



Behavioral Health (Initial evaluation does not require pre-authorization)
Chiropractic Services (Initial evaluation does not require pre-authorization)
Diagnostic Tests Related to Potential Organ Transplantation
Dialysis Services
Durable Medical Equipment
Note: All DME rentals exceeding 2 months require pre-authorization DME maximum up to 12 months, not to exceed purchase price.
Elective Admissions
Growth Hormones
Home Health Services (Initial evaluation does not require pre-authorization)
Inpatient Admissions
Note: Preferred Administrators must be notified of all urgent/emergent admissions
Laser Surgeries
Intense Allergy Desensitization
Non-Emergent Admission
Obstetrical Ultrasounds
Note: Member is allowed four ultrasounds without obtaining pre-authorization
Occupational Therapy (Initial evaluation does not require pre-authorization)
Oral, Injectable or IV Drug Administration over \$500
Note: This includes oral, Injectable or IV provided in a physician's office
Oral Surgery
Orthotics and Prosthetics (Adult and Children)
Outpatient Chemo-Therapy and Infusion
Out-of-Network / Non-Participating Facility, Provider, or Vendor
Outpatient Procedures
Outpatient Surgery
PET Scans
Physical Therapy (Initial evaluation does not require pre-authorization)
Podiatry Services (Excluding debridement of nails, avulsion of nail plate, excision of nail and wedge excision of skin of nail)
Radiation Therapy
Specialty Medicine - All specialty medicines require pre-authorization
Note: Please go to <a href="http://www.preferredadmin.net">www.preferredadmin.net</a> for complete list of specialty medicines
Speech Therapy (Initial evaluation does not require pre-authorization)
Synagis
Transplants
Transportation (Air transport and non-emergent ambulance)



All out-of-network services provided by non-participating facility, provider or vendor require pre-authorization

No authorization is required for the initial visit for the following:  
Behavioral Health  
Chiropractic Services  
Home Health Services  
Occupational Therapy  
Physical Therapy  
Speech Therapy

**\*PODIATRIC PROCEDURES**  
The following CPT codes do not require authorization for in-office procedures

- 11720
- 11721
- 11730
- 11732
- 11750
- 11765



\*Please see additional information on side bar