INSURANCE NAME	PRE-CERTIFICATION	MAIN		SERVICES REQUIRING	SERVICES REQUIRING	CEDVICES DECLUDING
			OI ATMO	•	•	SERVICES REQUIRING
PRODUCT LINES	NUMBER	NUMBER	CLAIMS	PRECERTIFICATION	NOTIFICATION	REFERRAL BY PCP
EMPIRE BLUE CROSS BLUE SHIELD						
622 Third Ave	*	HMO (DIRECT PAY HMO/PO	S)	PRECERTIFICATION GUIDE FOR	EMPIRE MGD. CARE HMO AND POS	REFERRAL/PRECERTIFICATION GUIDE FOR
New York NY 10017	Ph: 800-845-4741		Empire HealthChoice	EMPIRE EPO/EMPIRE PPO	EMPIRE'S MEDICAL MANAGEMENT	EMPIRE MGD. CARE HMO AND POS
http://www.empireblue.com	Fax: 800-241-5308		PO BOX 1407, Church St. Station	*Acute inpatient rehabilitation	PROGRAM MUST BE CALLED IN	PCPs COMPLETE A REFERRAL FORM FOR:
PRODUCTS AND NETWORKS	1 441 550 211 5500		New York, NY 10008-1407	*Scheduled inpatient hospital admissions	ADVANCE BY THE PCP OR PROVIDER	*Participating specialists' services, including office-
*HMO (HMO /DIRECT HMO / DIRECT PAY HMO /	Behavioral Health Care Management					
DIRECT PAY HMO/POS)	Program		Include YLN,YLP,YLE, or	*Ambulatory Surgery	RENDERING SERVICES	based procedures. NOTE: referrals not required
*PPO/EPO	800-626-3643 unique prefix *HMO (HMO /DIRECT HMO/ DIRECT PAY HMO)			*Speech therapy	TO PREAUTHORIZE:	for Direct Connection HMO.
*CHILD HEALTH PLUS	<u> </u>	MO /DIRECT HMO/ DIRECT		*MRI/MRA	*Inpatient admissions to hospitals and facilities*	Referrals Forms are NOT required for:
*HEALTHY NEW YORK	Ph: 800-441-2411		Empire HealthChoice	*Emergency Admission (within 24hrs or as	(skilled nursing facilities, hospice, birthing	*Participating laboratory and radiology services
*INDEMNITY	Fax: 800-241-5308		PO BOX 1407, Church St. Station	soon as reasonably possible)	centers, rehabilitation facilities)	(including mammograms)
*SENIOR CARE			New York, NY 10008-1407	*Maternity Admissions (within the FIRST three	(2 weeks in advance)	*Initial pediatric exam of well newborns (inpatient)
	Behavioral Health Care Management				(- 11111)	
	Program		Include YLN,YLP,YLE, or	months of pregnancy and again within 24hrs of delivery date)	*Ambulatory surgery* (2 weeks in advance)	*Routine vision exams, eyeglass lenses, and
SPECIAL PROGRAMS	800-635-6626		unique prefix	*Cardiac Rehabilitation	*Inpatient admissions of sick newborns	frames (member's responsibility)
*Empire BabyCare- a maternity management program		*CHILD HEALTH PLUS		*Hospice	*Home Care**, home infusion therapy**	*Routine OB/GYN exams; office-based care
*Empire Centers of Excellence- a provider network	Ph: 800-441-2411		Empire HealthChoice	*Skilled Nursing Facilities	*Referrals to nonparticipating providers	resulting from the exams; treatment of acute
offering state-of-the-art medical technology	Fax: 800-241-5308		PO BOX 1407, Church St. Station	*Vision therapy (orthoptic therapy)	*All transplants	gynecological conditions; maternity care.
*Empire HEALTHLINE			New York, NY 10008-1407		*Air ambulance transport services	
*Empire Case Management	Behavioral Health Care Management		Include YLN,YLP,YLE, or	Durable Medical Products and Home HealthCare	*Cardiac rehabilitation	***FAX REFERRAL FORMS TO 800-522-5793
*The Behavioral Health Care Management Program	Program 800-635-6626		unique prefix	*DME (Select items only)	*Cardiac renabilitation *Durable Medical Equipment** (select items only)	800-322-3793
*Empire Pharmacy Management Program	800-033-0020	*SENIOR CARE	unique pienx	*Prothetics/Orthotics (select items only)	(see list of participating providers)	IF QUESTIONS CONTACT
*HMO USA	Ph: 800-441-2411	CENTON GINE	Empire HealthChoice	*Home Health Care	*Prosthetics/Orthotics** (select items only)	EMPIRE'S MEDICAL MANAGEMENT
*BlueCard PPO	Fax: 800-241-5308		PO BOX 1407, Church St. Station	*Home Infusion Therapy	*Physical/Occupational/Speech/vision therapies	PROGRAM CALL:
Discould I I V	1 ax. 600-241-3300		New York, NY 10008-1407	Trone musion riciapy	*Magnetic Resonance Imaging (MRI/MRA)	FOR HMO: 800-441-2411
	Behavioral Health Care Management					
	Program		Include YLN,YLP,YLE, or	Behavioral Health and Substance Abuse Services	*Maternity care (during first trimester of	FOR POS: 800-845-4741
	800-395-7792		unique prefix	*Behavioral health care- in/out patient	pregnancy)	
	*PPO/EPO			*Alcohol or Subs abuse detox - inpatient	*Hospice Care	
	800-982-8089		Empire HealthChoice	*Alcohol or Subs abuse treatment - outpatient		
			PO BOX 1407, Church St. Station			
			New York, NY 10008-1407			
	Behavioral Health Care Management Program		Include YLB,YLD,YLE, or			
	800-626-3643		unique prefix			
	*BlueCard PPO (For Out-of-Area Members ONLY)			1		
	NOT APPLICABLE		Empire HealthChoice			
			BlueCard PPO Progam			
			PO BOX 3877, Church St. Station			
	Behavioral Health Care Management		N. W. 1 N. 1 10000 405-			
	Program 800-626-3643		New York, NY 10008-3877			
		TRADITIONAL INDEMNIT	TV	1		
	REFER TO MEMBER'S ID CARD	I MIDITIONAL INDEMINI	Empire HealthChoice	=		
	REPER TO MEMBER 5 ID CARD		PO BOX 1407, Church St. Station			
			New York, NY 10008-1407			
			1.cw 1018, 191 10000-1407		*Precertification must be for a specific date. If the	
					planned admission date changes, medical	
	Behavioral Health Care Management				management must be re-contacted within required	
	Program		Include YLA or unique prefix		timeframes.	
	REFER TO MEMBER'S ID CARD				**Ancillary vendor responsible for obtaining precertification	
			1	1	I ⁻	l .

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