

**THIS PATIENT BELONGS TO:**  
 Fidelis Care Plan (Medicaid)    Fidelis Tendercare/CHP  
**Contact: Provider Relations, (315) 448-1980**

Patient Name: \_\_\_\_\_ # Visit \_\_\_\_\_ out of \_\_\_\_\_  
 Effective Date of Referral: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Auth # \_\_\_\_\_  
 Referral Approved For: \_\_\_\_\_

**Referrals:**  
**PCP to Specialist:** No referrals need to participating specialists. (No referral also for nutritional counseling to par provider)  
**Specialist for diagnostic testing/treatment:** See below for services requiring prior approval  
 Routine lab and X-ray does not require prior approval *except PET scans.*  
**Specialist to Specialist: No referral for participating specialist non-par: through PCP**  
**Self Referrals: GYN: 2/year well visits (\*\*Family Planning covered by Medicaid)**  
**Mental Health:** Member must call Integra for authorization themselves.  
**Vision: 1 routine/year**  
**Emergency Services:** PCP should notify plan. Reimbursement depends on admitting diagnosis.

**LABS:** University Hospital, UPL, LabCorp, Quest

**RADIOLOGY:** University Hospital....

**RADIOLOGY REFERRALS for:** Pet Scans,

**PHARMACY:** Any Medicaid participating pharmacy

**HOME CARE/HOSPICE:** PCP requests as any referral

**MENTAL HEALTH:** Through Integra IPA at (800) 435-7109 (IP care only, **no OP contract**)

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**PRIOR APPROVALS:** Call 1-888-343-3547

**PCP only:** Bronchoscopy, colonoscopy, CT, EKG, EMG, Nerve Conduction, flexible sigmoid, endoscopy, ERCP, lithotripsy, myelogram, osteoporosis testing, vascular/doppler studies, in network specialties, nutritional counseling

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|---|--------------------------------|
| • Inpatient Admission, Ambulatory Surgery | • Diabetic Education/Treatment |
| • Angiograms, PET scans                   | • Chemo/Radiation therapy      |
| • Cosmetic Surgery, med necessary         | • Cochlear Implants            |
| • Orthotics/Prosthetics/DME               | • Inpatient rehab, short term  |
| • Out of Network specialty referrals      | • Dialysis, chronic            |
| • Obesity treatment                       | • Sleep Studies                |
| • PT,OT, Speech, Cardiac rehab            | • Pain Management              |
| • Podiatry                                | • Experimental/new technology  |
| • Transplants                             |                                |

**\*Injectable Pharmacy for Tendercare (ex: Lupron, growth hormone) \* (if obtained directly from Medicaid –no prior approval needed)**

[www.fideliscare.org](http://www.fideliscare.org)