

**PHYSICIAN'S MANAGED CARE  
Prior Notification / Authorization Matrix**

<b>Service</b>	<b>A/N</b>
Elective Admission to Acute Hos.	A
Elect. Adm. to Rehab or Skilled Fac.	A
Amniocentesis	N
Angiogram	N
Aortal Femoral Runoff	N
Aortogram	N
Bone Density/DEXA	A
Brainstem Evoked Response	N
Carotid Doppler	N
CAT Scans (CCE AND NUGGET)	A
Chemotherapy-In office	A
Chemotherapy-Infusion Center	A
Chiropractic	A
Colonoscopy	N
Lung Biopsy	A
Liver Biopsy	A
Dietary Counseling	N
Specialist Referral (SMHF only)	A
Digital Substraction/Angiography	A
Discogram	A
Durable Medical equipment (DME) OVER \$100	A
Echocardiogram	N
Electroencephalogram (EEG)	A
Electro Physio (EP) Study	N
Epidural Steroid Block	A
ERCP	A
ESWL	A
Exercise ECG with Nuclear Studies	N
Gastroscopy	N
Heart Catheteration	N
High Risk Pregnancy	N
Home Health	A

Hospice	A
Interferon Infusion	A
Infusaport	N
MRI (CCE and Nugget)	A
Mental Health Treatment	A
Non Emergency Ambulance	Not covered
Nuclear Medicine	N
Outpatient Occupational Therapy/Physical Therapy	A
Outpatient communication Therapy	A
Outpatient Infusion Therapy	A
Outpatient surgical Procedures	A
Pacemaker In sertion & Replacement	A
Pulmonary Function Testing-In office	N
Pulmonary Function Testing-Out Pt. Hosp.	A
Radiation	A
Replacement of Spinal Cord Stimulator	A
Sleep Studies	A
PCP to Specialist (SMHF only)	A
Speech Therapy	A
Substance Abuse Treatment	A
Total OB Care	A
Any Non-PMC Contracted Provider Service	A

**PLEASE NOTE:**  
\* Providers are directed to secure authorization PRIOR to providing services, to avoid claims problems  
\* All requests for CHIROPRACTIC for patients 18 yrs old or younger are reviewed by the PMC Medical Director

**FYI:** We are happy to complete an authorization (for items that do not normally require authorization) for our providers, in order to avoid denial of payment due to "no prior auth on file"

**A = authorization required N = notification required**