

# AFFINITY

One Fordham Plaza, Bronx N.Y. 10458

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

PURPOSE	MEDICAID	CHILD HEALTH PLUS/FAMILY HEALTH PLUS																				
For Claims, rosters, supplies, Policies and Procedures	Provider Relations 1-866-AHP-5678	Provider Relations 1-866-AHP-5678																				
Eligibility Verification	Verify through EMEVS or call Member Services 1-866-AHP-5678	Eligibility Verification call Member Services 1-866-AHP-5678																				
Pre-Authorization, Admissions	<b>PRE-AUTHORIZATION REQUIRED</b> 1-718-733-6150 or 1-866-247-5678	Case Management 1-718-733-6150 or 1-866-247-5678																				
Services that require Pre-Authorization	<table border="0"> <tr> <td>All Out-of-Network Services</td> <td>MRI/MRA/MUGA</td> </tr> <tr> <td>Inpatient Admissions*</td> <td>Sleep Studies</td> </tr> <tr> <td>Ambulatory Surgery*</td> <td>Experimental Therapy</td> </tr> <tr> <td>In-Office Surgery</td> <td>Home Care</td> </tr> <tr> <td>Cardiac Catheterization</td> <td>Cardiac Rehab</td> </tr> <tr> <td>Transplants</td> <td>DME</td> </tr> <tr> <td>PT/OT/SP</td> <td>Orthotics/Braces/Prosthetics</td> </tr> <tr> <td>UGI Endoscopy/Colonoscopy</td> <td>CT Scan</td> </tr> <tr> <td>Pet Scans</td> <td>Dialysis</td> </tr> <tr> <td></td> <td>Transportation(ambulance/ambulette)</td> </tr> </table>	All Out-of-Network Services	MRI/MRA/MUGA	Inpatient Admissions*	Sleep Studies	Ambulatory Surgery*	Experimental Therapy	In-Office Surgery	Home Care	Cardiac Catheterization	Cardiac Rehab	Transplants	DME	PT/OT/SP	Orthotics/Braces/Prosthetics	UGI Endoscopy/Colonoscopy	CT Scan	Pet Scans	Dialysis		Transportation(ambulance/ambulette)	Same Pre-Authorization Requirements as Medicaid
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<u>Radiology*</u> UHB may provide inpatient & outpatient radiology services	<u>Laboratory</u> UHB may provide inpatient & outpatient laboratory services																					
Referral to Network Providers	All other services require's a referral from the PCP Referrals are valid for 4 months for a maximum of 3 visits including the initial consultation	Same as Medicaid																				
Mammography/GYN Services	Members may make two self-referral visits per cal.yr.	Members may make two self-referral visits per cal.yr.																				
Dental	Urban Dental Management 1-800-468-9868	Urban Dental Management 1-800-468-9868																				
Vision(Optomety)	Block Vision 1	Block Vision 1-800-428-8789																				
	One self referral every 1 yr and	One self referral every 1yr. and																				
	One pair of eyeglasses every 2 yrs.	One pair of eyeglasses every 1yr.																				
Hearing	All hearing services require a referral from the PCP	All hearing srvc req. referral																				
Mental Health/Substance Abuse	Must use Value Options 800 922-3626	Must use Value Options 800 922-3626																				
	One self referral per 12 months	One self referral per 12 months																				
Transportation	Members are entitled to Metrocardsdibursements	Not a covered benefit																				
Patient Questions About Programs	1-866-AHP-5678	1-866-AHP-5678																				