

MEMO TO: CLINIC MANAGERS, BILLING MANAGERS, AND PROVIDERS

Effective 05/30/2025

Hafa Adai TakeCare Provider Partner,

We would like to take a moment to clarify an important aspect of the claims process that affects both patient care coordination and claims reimbursement: the distinction between **pre-authorization** and **guarantee of payment**.

While pre-authorization is a critical step that confirms if a service is medically necessary and typically covered under a member's health plan, it is important to understand that pre-authorization from TakeCare Asia Insurance Company, Inc. ("TakeCare") does not constitute a guarantee of payment.

What Pre-Authorization Means

Pre-authorization confirms that a proposed service meets our clinical criteria based on the information available at the time of the request. However, final payment depends on additional requirements being met when the claim is processed.

Why Payment May Still Be Denied

Below are common scenarios in which authorized services may not be reimbursed:

1. Member Ineligibility at Time of Service

If the member is no longer enrolled, has changed plans, or their coverage has been terminated by the date of service, payment may be denied.

2. Benefits and Plan Limitations

Authorization does not override policy-specific exclusions, limitations, or benefit maximums. Services must still be covered under the member's active plan at the time they are rendered.

3. Incorrect Billing or Coding

If the submitted claim does not match the authorized service (e.g., different procedure code, provider, or location), payment may be reduced or denied.

4. Out-of-Network Services

If the provider is not part of the TakeCare contracted network – or if the service was rendered without an approved referral – payment may be affected depending on the member's plan.

5. Patient Cost-Share Responsibilities

Members remain responsible for applicable copayments, coinsurance, and deductibles—even if the service is authorized.

6. Medical Necessity Review

Pre-authorization is based on preliminary information submitted during authorization review. Claims are subject to retrospective review and may be denied if the final documentation submitted does not support medical necessity and coverage guidelines.

(Cont.)

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Best Practices to avoid delays or denials

To help ensure timely and accurate claims processing, we encourage providers to:

- Verify member eligibility and benefits prior to and/or on the date of service.
- Ensure that authorization are submitted for credentialed and/or contracted providers, covered services under the member plans, contracted services under the provider's agreement, and date range when services were rendered to eligible members.
- Submit claims accurately, with complete documentation and proper following appropriate coding guidelines.
- Contact TakeCare's Provider Contracting Team for clarification or confirmation if there is any uncertainty.

We value your partnership and your commitment to serving TakeCare members with high-quality, efficient care. If you have questions regarding this policy or a specific authorization, please contact our Provider Services team at tc.provider@takecareasia.com or at **(671) 646-6956 ext. 7164**.

Please refer to **SERVICE LISTING PA_TC_05302025** for your guidance.

Zarina Macapagal

Contracting and Credentialing Specialist

Telephone: (671)646-6956 Ext# 7164

Email: Zarina.Macapagal@takecareasia.com

Zhen Butler

Provider Relations & Contracting Manager

Telephone: (671)646-6956 Ext# 7168

Email: tc.provider@takecareasia.com

Thank you for your continued support and partnership.

SERVICE LISTING - PRIOR AUTHORIZATION

List of services that require Prior Authorization ("PA") from TakeCare's Medical Management, but not limited to the following.

Abortion
Allergy Testing
All Off Island and Out of Service Area (outside Guam, CNMI, Palau. American Samoa) Services
All Surgical Procedures including the following:
Bariatric Surgery
Breast Reconstruction Surgery
Cardiac Surgery
Orthopedic Surgery including Implants and related devices
Plastic /Reconstructive Consultation and Procedures
Robotic Surgery/Robotic Suite
TMJ (temporomandibular joints) Surgery
Other Elective Surgeries
Artificial Ear and Eye Placement
Audiological exams
Autism Spectrum Disorder Therapy
Biopsy
Blood and Blood Products
Cardiac Implants and Devices
Chemotherapy
Clinical Trials
Cochlear Implants
Coverage for Complications of newborn or infancy care and/or Congenital Abnormalities
Diagnostic Sleep Study
Endoscopies and colonoscopies
EMG/NCT (upper extremities)
Exercise stress test
Durable Medical Equipment
Foot Care and Podiatry Services
Foot Orthotics
Growth Hormone Therapy
HBO Treatment
Hearing Aids
Heart Catheterization
Hemodialysis
Hospice
Hospital to Hospital Transfer
Hospital/In Patient Admissions and Services
Hysterectomy
Imaging (CT, PET and MRIs)
Infertility
Intraocular Insertion and Lenses
Lumbar Sacral Orthosis (LSO)
Mastectomy
MIBI scans
Non-Preventive Sterilization
Non-Preventive Vision Exam
Nuclear Medicine
Oncology Services
Ophthalmology procedures
Organ Transplant
Orthotics Excluding LSO
Outpatient Ambulatory, Surgical and/or Hospital Services
Outpatient Stress Echocardiogram
Outpatient Substance Abuse
Outpatient Surgery for Morbid Obesity
Outpatient Transesophageal Echocardiogram
Outpatient Transthoracic Echocardiogram
Outpatient Ultrasound
Pacemaker (Biventricular) Insertion
Pacemaker (Single and Dual) Insertion
Pain management services
Peritoneal Dialysis
Prostatectomy
Rehabilitation and Habilitation Services (Physical, Speech, Occupational and Cardia Therapy)
Radiation Therapy
Skilled Nursing Services
Sterilization
Specialty Laboratory (Costing in excess of \$200)
Thallium Stress Test
Transgender Related Services