



## Physician/Provider Bulletin

<b>Subject:</b> Prior Authorization Requirements	
<b>Plan:</b> Coordinator Care	<b>Bulletin Date:</b> June 7, 2012
<b>Bulletin Number:</b> 12-004	<b>Effective Date:</b> July 1, 2012

**The purpose of this bulletin is to inform all participating providers: Authorization requirements for the specialties of Infectious Disease Nephrology, Rheumatology Gastroenterology and Pulmonology have been updated.**

**Infectious Disease, Nephrology, Rheumatology, Gastroenterology and Pulmonology services performed in the office setting or after July 1, 2012 will no longer require prior authorization from the Health Care District authorization department. Prior authorization will be required for any inpatient services.**

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.