**Notice:**
This bulletin serves to clarify bulletin 19-011 the notification to participating providers of important updates to the Gatekeeper Model for Specialty Care effective October 9, 2020:

- Authorization requests for advanced diagnostic testing (MRI/CT/PET/SPECT) and procedures rendered in a facility setting must be obtained by the Specialty Care provider via the Planlink provider portal.
- Initial Specialty Care referrals are made by the C. L. Brumback Primary Care provider for up to three (3) visits.
- If additional Specialty Care visits are needed, please include in the treatment plan of your office/consult notes and/or operative/procedure reports. Please DO NOT send a request for authorization form.
- There is a Specialty Care visit limit of six (6) visits per specialty per calendar year, excluding Oncology and Ophthalmology.

**Note:** Ophthalmology diagnostic codes that are excluded:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H35.3211</td>
<td>RIGHT ACTIVE</td>
</tr>
<tr>
<td>H35.3221</td>
<td>LEFT ACTIVE</td>
</tr>
<tr>
<td>H35.3231</td>
<td>BILATERAL ACTIVE</td>
</tr>
<tr>
<td>H35.3112</td>
<td>RIGHT INTERMEDIATE</td>
</tr>
<tr>
<td>H35.3122</td>
<td>LEFT INTERMEDIATE</td>
</tr>
<tr>
<td>H35.3132</td>
<td>BILATERAL INTERMEDIATE</td>
</tr>
<tr>
<td>H34.8110</td>
<td>RIGHT WITH MACULAR EDEMA</td>
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<tr>
<td>H34.8120</td>
<td>LEFT WITH MACULAR EDEMA</td>
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<tr>
<td>H34.8130</td>
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<td>H34.8320</td>
<td>LEFT WITH MACULAR EDEMA</td>
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<tr>
<td>H34.8330</td>
<td>BILATERAL WITH MACULAR EDEMA</td>
</tr>
<tr>
<td>E11.3411</td>
<td>TYPE 2 DM SEVERE with ME (RIGHT)</td>
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<td>E11.3412</td>
<td>TYPE 2 DM SEVERE with ME (LEFT)</td>
</tr>
<tr>
<td>E11.3413</td>
<td>TYPE 2 DM SEVERE with ME (BILATERAL)</td>
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<tr>
<td>H35.51</td>
<td>RETINAL EDEMA</td>
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<tr>
<td>H43.1</td>
<td>VITREOUS HEMORRHAGE</td>
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</table>

- Referrals for initial Physical Therapy evaluations are made by the C. L. Brumback Primary Care provider for one (1) visit. Additional Physical Therapy visits must be obtained by the Physical Therapy provider via the Planlink provider portal.
- All Specialty Care office/consult notes and operative/procedure reports must be faxed to the referring C. L. Brumback Primary Care provider for all encounters.
<table>
<thead>
<tr>
<th>C. L. Brumback Primary Care Clinic Locations</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belle Glade</td>
<td>561-996-6156</td>
<td>561-439-4185</td>
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<tr>
<td>Boca</td>
<td>561-370-1363</td>
<td>561-370-1397</td>
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<tr>
<td>Delray Beach</td>
<td>561-279-2665</td>
<td>561-439-4212</td>
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<td>Jupiter</td>
<td>561-370-1360</td>
<td>561-370-1398</td>
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<td>Lantana</td>
<td>561-582-5559</td>
<td>561-439-4384</td>
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<td>Lewis Center</td>
<td>561-966-7158</td>
<td>561-804-5843</td>
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<td>Mobile Clinic</td>
<td>561-842-7383</td>
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<td>West Palm Beach</td>
<td>561-842-7383</td>
<td>561-439-4446</td>
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</table>

- Participating providers may obtain authorization status via the PlanLink provider portal or the Community Care Plan’s Provider Operations Team at (855) 819-9506.

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

Questions: Please contact Community Care Plan’s Provider Operations Team at: (855) 819-9506