



Effective January 1, 2022

Prior Authorization List

1) Important Information:

- (a) To verify benefit coverage, call 1-877-364-4566
- (b) **Non-Participating providers must obtain authorization for ALL services listed with the exception of Emergent/Urgent needed services.**
- (c) For items and services, please allow 72 hours for processing urgent requests
- (d) For items and services, please allow 14 days for processing non-urgent requests
- (e) For Part B Drugs, please allow 24 hours for processing urgent requests
- (f) For Part B Drugs, please allow 72 hours for processing non-urgent requests

Pharmacy Services: Refer to Express Scripts

Dental Services: Refer to DentaQuest

Vision Services (Optometry Services Only): Refer to EyeQuest

Hearing Services: Refer to NationsHearing

Fitness: Refer to SilverSneakers™ Network

2) Utilization Management Department Contact Information:

- (a) Main Phone: 1-877-364-4566
- (b) Main Fax for Admissions: 866-611-1957
- (c) Main Fax for Outpatient Services: 866-613-0157

3) Participating (HMO/PPO) Providers/Specialists:

No Authorization is required for the following services:

- Routine Office visits
 - Routine Labs performed during the office visits except for specialty labs
 - X-rays/ultrasounds/mammograms performed within the office setting
 - EKGs
 - Fracture care
 - Routine Gynecology procedures
- Preventive Screenings



In the tables below, Y (Yes) indicates an authorization is required; N (No) indicates the care does not require authorization.

PRIOR AUTHORIZATION IS REQUIRED	
Service Category	Par Provider
Admissions - Acute Inpatient and Post-Acute Inpatient: <ul style="list-style-type: none"> • Acute Care Hospitals • Acute Inpatient Rehabilitation • *Behavioral Health • Critical Access Hospitals • Long-term Acute Care Hospitals • Skilled Nursing Facilities 	Y
Abdominoplasty, Panniculectomy, Suction Lipectomy, Lipoabdominoplasty	Y
Acupuncture (We only cover acupuncture for chronic low back pain)	Y
Ambulance Services (Non-Emergent)	Y
Bariatric Surgery/Gastric Bypass/Lap Band-Gastric Adjustment	Y
Biofeedback Therapy	Y
Blepharoplasty and Repair of Blepharoptosis	Y
Breast Reconstruction	Y
Breast Reduction	Y
Capsule Endoscopy	Y
Cardiac Implant Recorder/Loop Recorder	Y
Cardiac Pacemaker Revision	Y
Cardiac Rehabilitation	Y
Chemotherapy	Y
Chiropractic Services (We cover only manual manipulation of the spine to correct subluxation)	Y (After initial 4 visits have been met)
Clinical Trials	Y
Cochlear Implantation/Device	Y
Day Treatment Programs	Y



Dermabrasion	Y
Diagnostic and Therapeutic Procedures Related to Infertility or Sterility	Y
Durable Medical Equipment (DME) and Supplies (Quantity Limit Applies)	Y (Please refer to Durable Equipment List)
Experimental and Investigational Procedures	Y
Fundoplasty	Y
Gender Reassignment Surgery	Y
Gene Therapy	Y
Genetic and Molecular Lab Testing	Y
Home Health Services (i.e. Diabetic Education, wound care, etc.)	Y
Home Infusion Therapy and other In-Home Therapy Services	Y
Hospice/Respite	Y
Hyperbaric Oxygen Therapy	Y
Implantation/Revision/Removal of Stimulators and/or Electrodes	Y
Inpatient Procedures not Listed on the Medicare Inpatient Procedures Only List	Y
Intensity Modulated Radiotherapy	Y
Intensive Outpatient Services (IOP)	Y
Joint Arthroplasty: shoulder, elbow, hip, knee, ankle	Y
Laparoscopic Paraesophageal Hernia Repair	Y
Mastectomy for Gynecomastia	Y
Medical Nutrition Therapy (Enteral Feeding)	Y
Multi-fetal Pregnancy Reduction	Y
Nutritional Counseling	Y (Except for Diabetes)
Orthognathic Surgery	Y
Orthotics and Prosthetics	Y
Pain Management Procedures (nerve blocks, ablation, spinal cord stimulators)	Y
Palliative Services	Y
Part B Medications, ALL Injectable medications inclusive of J codes.	Y
Partial Hospitalization (PHP)	Y



Penile Implant/Prosthesis	Y
Photo Chemotherapy for Psoriasis	Y
Plastic Surgery/Cosmetic Procedure	Y (Based only on Medical Necessity)
Platelet-rich plasma (PRP) Injection therapy	Y
Prolotherapy	Y
Pulmonary Rehabilitation	Y
*Radiology/Imaging: High-Tech (i.e. MRA, MRI, PET Scan, and nuclear medicine studies, including nuclear cardiology)	Y
Repetitive Transcranial Magnetic Stimulation (rTMS)	Y
Robotic Assistance	Y
Scar Excision/Revision	Y
Septoplasty/Rhinoplasty	Y
Therapeutic Shoes – for those with diabetes. Authorization is required after 1 pair of diabetic shoes and 3 inserts.	Y
TheraSphere / Sir-Spheres Treatment	Y
Transplants – Evaluation and Work Up	Y
Unlisted Procedure Codes	Y
Uvulectomy / Palatopharyngoplasty / Laser Assisted Uvulopalatoplasty	Y
Varicose Vein Treatment / Surgery	Y
Ventral Hernia Repair	Y
Ventricular Assist Devices	Y
Whirlpools/Whirlpool Bath Equipment	Y
Wound Clinic After 10 Visits	Y

* **Admissions - Behavioral Health:** Prior authorization is not required for direct admissions from an Emergency Department, but notification within 48 hours of admission is required. Authorization is not required for crisis stabilization.

* **High-technology Radiology (HTR):** Authorization is **not** required for high-tech imaging provided as a component of an inpatient admission, ER visit, observation, or outpatient surgery.

The following high-tech radiology services require an authorization:

- Nuclear cardiac studies
- MRI, fMRI, MRA and MRS
- CT/PET Fusion
- PET Scans
- MR Spectroscopy



- Myocardial Perfusion Imaging
 - Intensity Modulated Radiation Therapy (IMRT)
 - Cardiac Blood Pooling Imaging
 - MEG
 - Add-on Procedures
 - All Radiology services that are potentially investigational including certain Brachytherapy and Radiation Therapy
- 4) Urgent/emergent hospital admissions require notification at the time of admission or **within 48 hours** of admission.
- 5) Elective hospital admission requires **prior** authorization before admission and notification when admitted.

Durable Medical Equipment

The following require Prior Authorization:

- Airway clearance devices
- Bone growth stimulators
- Braces / splints over \$500
- **Cardiac defibrillator (external only)**
- Continuous glucose machines
- APAP, CPAP, BiPAP (rental and purchase)
- Custom shoes (must follow benefit)
- Cystic fibrosis vests
- Dynamic Orthotic Cranioplasty (DOC) bands
- Electric Tumor Treatment Fields (TTF) device
- Home monitoring devices
- Home Phototherapy (UVB) light devices for treatment of Psoriasis
- Hospital beds and related supplies
- Insulin pumps
- Life sustaining nutritional therapies
- Mechanical stretching devices
- Patient lift equipment
- Prosthetics, including upper extremity, lower extremity, eye, face, etc.
- Spinal traction devices
- TENS units and other e-Stim devices
- Walk-aid devices over \$500
- Wheelchairs and motorized scooters



PRIOR AUTHORIZATION IS NOT REQUIRED

Service Category	Par Provider
Behavioral Health and Substance Use Disorders Office Visits	N
Cardiology – Cardiac catheterization & Other Cardiac Invasive Outpatient Procedures	N
Cardiology – Stress Test, Thallium Stress Test, 2D Echo/2D Stress Echo	N
Cataract Surgery	N
Dialysis	N
Electroconvulsive Therapy	N
Family Planning and Supplies	N
Immunizations	N (Immunizations for foreign travel are not covered)
Lab Services	N (Except Genetic and Molecular Testing)
Neurology – EEG, Video EEG, EMG/NCS	N
Neuropsychological Testing	N
Observation Stay ≤ 23 hours	N
Outpatient Procedures	N EXCEPT for the procedures listed on previous table
Podiatry Services	N (No authorization for <u>Routine Foot Care</u> based on member's underlying systemic condition)
Prenatal Care	N
PT, OT, and ST First 8 Visits	N (Authorization is required after 8 Visits)
Radiation Oncology Therapy (i.e. cancer radiation treatment)	N (Except Intensity Modulated Radiotherapy)
Radiology – Mammography, Ultrasound, X-Rays, CT Scan, DEXA Scan	N
Sleep Study	N
Specialist Office Visits – Initial and Follow Up Visits	N
Vascular – Doppler U/S Arterial and Venous	N

**PREVENTIVE AND SCREENING SERVICES
PRIOR AUTHORIZATION IS NOT REQUIRED**

Service Category (*Telehealth Eligible)	Amount / Limitation	Detail
*Alcohol Misuse Screening and Counseling	<ul style="list-style-type: none"> Alcohol misuse screening annually For those who screen positive, 4 counseling sessions/year 	
*Annual Wellness Visit	Annually	
Bone Mass Measurements	<ul style="list-style-type: none"> Every 2 years More frequently if medically necessary 	<ul style="list-style-type: none"> Estrogen-deficient women and at clinical osteoporosis risk Individuals with vertebral abnormalities Individuals getting (or expecting to get) glucocorticoid therapy for more than 3 months Individuals with primary hyperparathyroidism Assessing response to FDA-approved osteoporosis drug therapy
Cardiovascular Disease Screening Tests	Once every 5 years	Covers cardiovascular screening blood tests
Cervical Cancer Screening with Human Papillomavirus Tests	Once every 5 years	Asymptomatic female patients aged 30-65 years
Colorectal Cancer Screening for patients NOT meeting High-Risk Criteria <ul style="list-style-type: none"> Multi-target stool DNA Test 	<ul style="list-style-type: none"> Once every 3 years 	<ul style="list-style-type: none"> Colorectal cancer screening using MT-sDNA test. Patients who meet these criteria: <ul style="list-style-type: none"> ➤ Age 50-85 ➤ Asymptomatic ➤ At average risk of developing colorectal cancer For barium enemas, screening colonoscopies, FBOTs, and flexible sigmoidoscopies: Patients who fall into at least 1 category: <ul style="list-style-type: none"> ➤ Aged 50+ at normal colorectal cancer risk ➤ At high risk of developing colorectal cancer
Colorectal Cancer Screening for patients meeting High-Risk Criteria <ul style="list-style-type: none"> Screening barium enema Screening colonoscopy Screening fecal occult blood test (FBOT) Screening flexible sigmoidoscopy 	<ul style="list-style-type: none"> Once every 48 months Once every 10 years Once every 12 months Once every 48 months 	
Colorectal Cancer Screening for patients meeting High-Risk Criteria <ul style="list-style-type: none"> Screening barium enema 	<ul style="list-style-type: none"> Once every 24 months 	

<ul style="list-style-type: none"> • Screening colonoscopy • Screening fecal occult blood test (FBOT) • Screening flexible sigmoidoscopy 	<ul style="list-style-type: none"> • Once every 24 months • Once every 12 months • Once every 48 months 	
<p>*Counseling to Prevent Tobacco Use</p>	<ul style="list-style-type: none"> • 2 cessation attempts per year • Up to 8 sessions per year 	<p>Each attempt may include a maximum of 4 intermediate or intensive sessions, with the patient getting up to 8 sessions per year.</p>
<p>*Depression Screening</p>	<p>Annually</p>	
<p>Diabetes Screening</p>	<ul style="list-style-type: none"> • 1 screening every 6 months for patients diagnosed with pre-diabetes • 1 screening every 12 months if previously tested but not diagnosed with pre-diabetes or if never tested 	
<p>*Diabetes Self-Management Training</p>	<ul style="list-style-type: none"> • Initial year: Up to 10 hours initial training within continuous 12-months period • Subsequent years: Up to 2 hours of follow up training each calendar year after completing the initial 10 hours of training 	
<p>Glaucoma Screening</p>	<p>Annually</p>	<p>Patients who fall into at least 1 of these high-risk categories:</p> <ul style="list-style-type: none"> • Diagnosis of diabetes mellitus • Family history of glaucoma • African Americans aged 50 and older • Hispanic-Americans aged 65 and older
<p>Hepatitis B Screening</p>	<ul style="list-style-type: none"> • 1 screening for asymptomatic adults not meeting the high-risk definition • Annually for those who have continued high risk who don't get hepatitis B vaccination • 1 screening at the first prenatal visit and rescreening at the time of delivery 	<p>Covered for persons at risk or pregnant</p>
<p>Hepatitis C Screening</p>	<ul style="list-style-type: none"> • Once for patients born from 1945-1965 not considered high risk • Initial screening for high risk patients 	<p>Patients who fall into at least 1 of these categories:</p> <ul style="list-style-type: none"> • High risk for hepatitis C virus • Born from 1945-1965 • Had a blood transfusion before

	<ul style="list-style-type: none"> • Annually only for high-risk patients 	1992
HIV Screening	<ul style="list-style-type: none"> • Annually for patients ages 15-65 without regard to perceived risk. • Annually for patients older than 65 at increased risk for HIV infection • 3 times per pregnancy <ul style="list-style-type: none"> ○ When diagnosed as pregnant ○ During third trimester ○ At labor, if their clinician orders it 	
Immunizations <ul style="list-style-type: none"> • Flu vaccine • Hepatitis B vaccine • Pneumococcal vaccine • Other vaccines 	<ul style="list-style-type: none"> • One flu shot per flu season • Hep B: 2 scheduled doses, 1-month apart, necessary • Pneumococcal: Follows CDC schedule 	<ul style="list-style-type: none"> • Flu: All patients • Hep B: Covered for persons at high or medium risk • Pneumonia: All patients • For persons at risk meeting Medicare Part B coverage rules
Initial Preventive Physical Examination (IPPE) or “Welcome to Medicare Preventive Visit”	Once in a lifetime	Must provide within 12 months of first enrollment in Medicare Part B. The exam includes: an initial preventive physical examination and electrocardiogram (EKG). The exam does not include laboratory testing.
*Intensive Behavioral Therapy for Cardiovascular Disease or “CVD risk reduction visit”	Annually	Counseling by a primary care practitioner in a primary care setting.
*Intensive Behavioral Therapy for Obesity	Up to 22 visits in a 12-month period: <ul style="list-style-type: none"> • First month: 1 visit every week • Months 2-6: 1 visit every other week • Months 7-12: 1 visit every month 	<ul style="list-style-type: none"> • Body mass index (BMI) of 30 or more • Counseling by a primary care practitioner in a primary care setting.
*Lung Cancer Screening	Annually	Patients who meet all categories: <ul style="list-style-type: none"> • Aged 55-77 • Asymptomatic (no signs or symptoms of lung cancer) • Tobacco smoking history of at least 30 pack-years • Current smoker or an individual who quit smoking within the last 15 years

		The screening includes: counseling and low dose CT scan (LDCT)
*Medical Nutrition Therapy	3 hours of one-on-one counseling services during 1 st year and 2 hours each year after that	<ul style="list-style-type: none"> • Covered for persons with diabetes or renal disease or a kidney transplant in the last 36 months • Services provided by registered dietitian or nutrition professional
Medicare Diabetes Prevention Program	Up to 24 sessions within 2 years	<ul style="list-style-type: none"> • Covered for persons with BMI of at least 25 (23 if patient self-identifies as Asian) on first core session date. • Met 1 of 3 blood test requirements within 12 months before attending first core session <ul style="list-style-type: none"> ○ A1C Test with value between 5.7%-6.4% ○ Fasting plasma glucose test of 110-125 mg/dl ○ 2-hour plasma glucose test of 140-199 mg/dl • No previous diabetes diagnosis before first core session date (except gestational diabetes) • No ESRD • No previous MDPP services
Prostate Cancer Screening	Annually	Male patients aged 50 and older, covers digital rectal exam and PSA test
*Screening for Sexually Transmitted Infections & High Intensity Behavioral Counseling	<ul style="list-style-type: none"> • Once every 12 months or at certain times during pregnancy • Up to 2 30-minute counseling sessions per year 	For persons at increased risk or pregnant
Screening Mammography		Baseline mammogram between the ages of 35-39, and one screening annually for women age 40 and older
Screening Pap Tests	<ul style="list-style-type: none"> • Annually for women at high risk • Every 2 years for women at low risk 	
Screening Pelvic Examinations	<ul style="list-style-type: none"> • Annually for women at high risk • Every 2 years for women at low risk 	
Ultrasound Screening for Abdominal Aortic Aneurysm	Once in a lifetime	Covered for persons at risk