



## THE FOLLOWING SERVICES REQUIRE PRIOR AUTHORIZATION

### Inpatient and Ambulatory (Outpatient) Surgical Procedures

- Ambulatory surgery proposed to be done in an inpatient setting
- Autologous chondrocyte implantation and Carticel
- Bariatric surgery
- Blepharoplasty (upper eyelids **only**; lower eyelids are **NON-COVERED**)
- Hyperbaric oxygen treatment
- Intensity modulated radiation therapy (IMRT)
- *In vitro* fertilization services
- Kyphoplasty and vertebroplasty
- Organ, bone marrow, and stem cell transplant services: transplant evaluations, organ donor services, transplant procedures
- Osteochondral allograft
- Panniculectomy
- Photodynamic therapy for actinic keratoses and other skin lesions. Photodynamic therapy for acne is **NON-COVERED\***
- Spinal cord stimulator for pain management
- Stereotactic radiosurgery (e.g. gamma-ray radiosurgery [gamma-knife])
- Thoracic sympathectomy for hyperhidrosis
- Treatment of varicose veins: all procedures require prior authorization (**CPT 36468 and CPT 36469, sclerotherapy for spider veins are NON-COVERED\***)

\*COSMETIC PROCEDURES ARE NON-COVERED SERVICES. For the most current list of cosmetic procedures, visit our website at <http://www.uhahealth.com/forms.asp>.

### Diagnostic Testing and Radiology Procedures

- CTCA – Computerized tomography of the coronary arteries (CPT 75571 is non-covered)
  - DEXA central bone density study (ages up to and including 64) (CPT 77080) Peripheral bone density study **DOES NOT** require prior authorization (CPT 77081)
  - Genetic testing
  - PET Scans
  - Oncotype DX
  - Psychological Testing
  - Sleep Study without CPAP titration: CPT code 95810 – (Polysomnography ordered **WITHOUT** CPAP titration) **REQUIRES** prior authorization
  - CPT code 95811 – (Polysomnography ordered **WITH** CPAP titration) **DOES NOT** require prior authorization
- Physicians should order a split night study, CPT 95811, and request, "Sleep study with CPAP titration, if possible." If CPAP titration was not possible, submit notes for sleep study without CPAP titration, CPT 95810, to the Health Care Services department for a retrospective review for authorization and payment.

### Durable Medical Equipment (DME) and Supplies

- Durable medical equipment **purchase** greater than \$500
- Durable medical equipment **rental** greater than \$100/month

### Nutritional Counseling

- Only covered for anorexia nervosa, bulimia, cardiovascular disease, hypertension, chronic kidney disease, Crohn's disease, ulcerative colitis, gout, morbid obesity (BMI > 35) in adults, pediatric obesity (BMI >95%), post-bariatric surgery; and poor weight gain during pregnancy.
- Nutritional counseling is covered for diabetes and **DOES NOT** require prior authorization
- Counseling must be provided by a Registered Dietician (RD), Certified Nutrition Specialist (CNS), or Certified Diabetes Educator (CDE) with experience in the condition being treated.

#### PLEASE NOTE:

- UHA requires that all participating providers participate with its prior authorization, concurrent, and retrospective review activities
- This list is subject to change without prior notice
- The most current list is available at: <http://www.uhahealth.com/forms.asp>

## THE FOLLOWING SERVICES REQUIRE PRIOR AUTHORIZATION *(continued)*

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### Out-Of-State Services

Out-of-state requests (require at least 2 weeks for processing)

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### Prosthetics

Prosthetics with cost greater than \$500

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### Rehabilitative Services

- Physical and Occupational therapy (after a combined total of 48 units. [1 unit = 15 minutes] or 12 sessions; per calendar year) Payment is limited to 4 units/session
- Speech therapy

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### Home Health Services Including Infusion Services

Home Health Services after the first 12 visits

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### Injectables and Other Pharmacological Agents

Injectable Medications *(covered under medical plan)*

- Antiviral agents including but not limited to RespiGam, Synagis, Fuzeon
- Bisphosphonates – including but not limited to Reclast, Zometa, Boniva
- Botulinum Toxin – Type A (Botox)
- Erythrocyte and Granulocyte Stimulating Factors including but not limited to Darbepoetin alfa (Aranesp), Epoetin Alfa (Eprex, Epogen, Procrit), Filgrastim (Neupogen), Pegfilgrastim (Neulasta)
- Fabrazyme
- Growth Hormone (Somatropin) including but not limited to, Genotropin, Genotropin Miniquick, Humatrope, Norditropin, Nutropin, Nutropin AQ, Nutropin Depot, Saizen, Serostim
- Immune globulin intravenous: including but not limited to Carimune NF, Flebogamma, Gammagard S/D, Gammar-P I.V., Gamunex, Iivegam EN, Octagam, Panglobulin, Panglobulin NF, Polygam S/D, Venoglobulin-S
- Interferon beta 1a (Avonex, Rebif) and 1b (Betaseron)
- Leuprolide Acetate (Lupron)

- Oncological agents not listed in one of the nationally recognized cancer compendiums as an indication for treatment of specific neoplasm
- Parathyroid hormone including but not limited to Forteo

Oral Medications *(covered under prescription drug plan)*

- Actiq (Fentanyl Citrate Oral Transmucosal)
- Anabolic Androgens
- Afinitor (everolimus)
- Emend (aprepitant)
- Exjade (deferasirox)
- Lexiva (fosamprenavir calcium)
- Lotronex (alosetron hydrochloride)
- Nexavar (sorafenib)
- Oncological agents not listed in one of the nationally recognized cancer compendiums as an indication for treatment of specific neoplasm
- OxyContin (oxycodone HCL controlled release)
- Selzentry (maraviroc)
- Sprycel (dasatinib)
- Sutent (sunitinib malate)
- Tassigna (nilotinib)
- Thalomid (thalidomide)
- Zyvox (linezolid)

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## THE FOLLOWING SERVICES REQUIRE ADVANCE NOTIFICATION

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### Elective Hospital Admissions

72 hours advance notification is required for elective hospital admissions (including skilled nursing facilities and rehabilitation facilities) when possible. UHA requires notification of emergency and non-elective admissions within one (1) business day of admission.

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### Chemical Dependency/Substance Abuse Residential Treatment

72 hours advance notification is required for chemical dependency/substance abuse treatment.

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