

PRIOR AUTHORIZATION GUIDE

EFFECTIVE 01/2020, FOR ALL PROGRAMS

This guide does NOT identify all covered benefits. All requests for prior authorization require submission of supporting clinical records.

Admissions to facilities (including transfers between separate facilities, even if within the same hospital system)

- Surgical and nonsurgical
- Rehabilitation facility
- Skilled Nursing facility
- Maternity and newborn stays that exceed two (2) days for vaginal delivery or four (4) days for Cesarean section delivery

Ambulance/Transportation

- Out-of-network ambulance services
- Out-of-area transfers
- Non-emergency ground transportation
- Non-emergency air transportation
- Facility to facility transfers

Bariatric Surgery (may not be a covered benefit on all programs)

- All weight loss procedures
- All procedures related to reversal, revision or complications as a result of weight loss surgery

Behavioral Health Services

- **Marketplace**
 - Call Community Health Choice at **1.855.539.5881**, fax authorization requests for **outpatient services to 713.576.0930** and **inpatient services to 713.576.0932**
- **Medicaid and CHIP**
 - Call Community Health Choice at **1.877.343.3108**, fax authorization requests for **outpatient services to 713.576.0931** and **inpatient services to 713.576.0932**

Prior authorization required for:

- Inpatient services
- Partial Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP)
- Psychiatric Day Treatment (may not be a covered benefit on all programs)
- Psychological testing
- Neuropsychological testing
- Out-of-network services
- Facility to Facility Transfers
- Electroconvulsive Therapy (ECT)
- Outpatient Psychotherapy Visits that exceed 30 visits in a calendar year by any provider in any setting
- Applied Behavior Analysis (ABA) Therapy

- Transcranial Magnetic Stimulation (TMS)
- Substance Use Disorder Treatment in an Inpatient Setting
- Residential Treatment Facility
- Wilderness Programs

Cardiac Services

For providers who are not Cardiologists, prior authorization is required for:

- Cardiac imaging
 - Nuclear studies (including nuclear stress tests)
 - Echocardiograms (transthoracic and/or trans esophageal, including stress ECHOs)
 - Cardiac MR, MRA, CT, CTA, PET or PET/CT
 - Electron-beam CT/calcium scoring

Dental Procedures (may not be a covered benefit on all programs)

- Facility, anesthesia, and related medical services for dental care
- Orthognathic and other oral surgery procedures

Durable Medical Equipment (DME) and Prostheses

- CPAP machines, purchased or rented
- CPM machines for home use
- Canned nutritionals
- Cranial molding helmets/bands
- Custom braces
- Limb prostheses
- Wheelchairs/Scooters
- Any other items when the purchase price exceeds \$500 regardless of whether the item is being purchased or rented
- DME rental exceeding 3 months, regardless of the purchase price

Genetic/Molecular Testing, except:

- Karyotype/chromosomes, and/or FISH when ordered by a Maternal Fetal Medicine specialist
- Cystic Fibrosis screening (not full sequencing)

Home Health Care including, but not limited to:

- All nursing services
- Home infusion therapy
- Rehabilitative/habilitative services

Hyperbaric Therapy

Investigational/Experimental Protocols

Injectable Drugs

- Injectable drugs >\$500 billed charges given in a provider's office, clinic setting, infusion suite or home unless self- administered with the following exceptions:
- Injectable drugs that do not require prior authorization:
 - Haldol (Haloperidol Decanoate) – J1631
 - Prolixin (Fluphenazine Decanoate) – J2680
 - Risperdal Consta (Risperidone) – J2794
 - Zyprexa Relprevv (Olanzapine Extended Release Injectable Suspension) – J2358
 - Invega Sustenna (Paliperidone Palmitate) – J2426
 - Invega Trinza (Paliperidone) - J2426
 - Abilify Maintena (Aripiprazole) – J0401
 - Aristada (Aripiprazole Lauroxil) – J1942
 - Aristada Initio – J3490 (temporary miscellaneous J code)
- Please check the formulary under the pharmacy benefit for prior authorization of self-administered drugs.

Laboratory Testing

- Out-of-network laboratory services
- Genetic testing
- Tumor marker testing

Nutritional/Dietetic Counseling

Out-of-Area Services

Out-of-Network Services (except emergencies)

Outpatient Procedures/Surgeries

- Balloon sinuplasty
- Biofeedback (all)
- Cardiac devices including implantable defibrillators, defibrillator vests, cardiac resynchronization therapy, and ventricular assist devices
- Circumcision if over one (1) year of age
- Destruction/Removal of benign skin lesion
- GI tract imaging by capsule endoscopy
- Hysterectomy
- Joint lubrication injections such as Synvisc® or Hyalgan®
- Osteochondral allograft or autologous chondrocyte implantation
- Spinal procedures including artificial intervertebral disc replacement, spinal fusion, and vetebroplasty/kyphoplasty
- Temporomandibular joint (TMJ) surgery
- Umbilical hernia surgery if under five (5) years of age
- Uvulopalatopharyngoplasty (UPPP), including laser-assisted procedures, or other surgeries for obstructive sleep apnea
- Varicose vein procedures

Pain Management Procedures including, but not limited to:

- External or implanted infusion pumps or stimulator devices
- Epidural steroid injections, and
- Trigger-point injections

Pregnancy Services

- Terminations/Abortions
- For OBs who are not MFM specialists, authorization required for:
 - Use of 17-P
 - Amniocentesis if <35 years of age at EDC
 - More than two (2) NSTs or BPPs (with or without NST) per pregnancy
 - More than two (2) ultrasounds per pregnancy (not including ultrasound for nuchal translucency)

Proton Beam Radiation Therapy

Radiology/Imaging Services (when done in any place of service except inpatient, emergency room, or observation bed status) require prior authorization for members 21 years and over including:

- CT Scans, including CT angiography and electron-beam CT scanning (coronary artery imaging)
- MRA
- MRI
- PET Scan
- Nuclear stress test, SPECT Scans
- Stress echocardiography

Reconstructive/Plastic Surgery/Possible Cosmetic Procedures

- Such as abdominoplasty, blepharoplasty, breast procedures, craniofacial surgery, liposuction, otoplasty, rhinoplasty, septoplasty, etc.

Rehabilitative/Habilitative Services

- All Speech Therapy services, including initial evaluations
- Physical and Occupational Therapy services, except initial evaluation and re-evaluations
- All Chiropractic services
- ABA therapy (see **Behavioral Health Services** for additional information)

Transplantation

- All transplant services, including transplant evaluation
- All organ and tissue transplants

Wound Care Services

- Wound care center referral
- Wound vacuum devices
- Specialized wound dressings