

# PRIOR AUTHORIZATION GUIDE

## EFFECTIVE 09/29/2020, 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 vertebroplasty/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, **except initial evaluation and re-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