



THE FOLLOWING SERVICES REQUIRE PRIOR AUTHORIZATION

Inpatient and Ambulatory (Outpatient) Surgical Procedures

- Ambulatory surgery proposed to be done in an inpatient setting
- Artificial disc insertion in cervical spine (lumbar **NON-COVERED**)
- Autologous chondrocyte implantation and Carticel
- Bariatric surgery
- Blepharoplasty (upper eyelids **only**; lower eyelids are **NON-COVERED**)
- Hyperbaric oxygen treatment
- *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
- Transmyocardial laser revascularization
- 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
- Psychological Testing
- Sleep Studies with and without CPAP titration, CPT codes 95810 and 95811, require prior authorization **ONLY IF** member has already had same sleep study performed within the past five years.

Physicians should order and providers should perform a split night study, CPT 95811, when possible.

Medical Equipment and Appliances

- Medical equipment and appliance **purchase** greater than **\$500**
- Medical equipment and appliance **rental** greater than **\$100/month**
- Repairs and maintenance of appliances and medical equipment

Nutritional Counseling

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

Out-Of-State Services

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

Prosthetics

Prosthetics with cost greater than \$500

PLEASE NOTE:

- UHA requires that all participating providers participate with its prior authorization, concurrent, and retrospective review activities
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THE FOLLOWING SERVICES REQUIRE PRIOR AUTHORIZATION *(continued)*

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

Home Health Services Including Infusion Services

Home Health Services after the first 12 visits

Injectables and Other Pharmacological Agents

Injectable Medications *(covered under medical plan)*

- Bisphosphonates – including but not limited to Reclast and Zometa (zoledronic acid), Boniva (ibandronate)
- Botox (botulinum toxin A) and Xeomin (incobotulinumtoxinA)
- Erythrocyte and granulocyte Stimulating factors including but not limited to Aranesp, (darbepoetin); Eprex, Epogen, Procrit (epoetin); G-CSF, Neupogen (filgrastim); Neulasta (pegfilgrastim)
- Fabrazyme (agalsidase beta)
- Forteo (teriparatide)
- Fuzeon (enfuvirtide)
- Human growth hormone (somatropin) including but not limited to Genotropin, Genotropin Miniquick, Humatrope, Norditropin, Norditropin Nordiflex, Nutropin, Nutropin AQ, Nutropin Depot, Omnitrope, Protropin, Saizen, Serostim, Serostim LQ, Tev-Tropin, Valtropin, Zorbtive
- Immune globulin intravenous: including but not limited to Carimune NF, Flebogamma, Gammagard S/D, Gammar-P I.V., Gamunex, Iveegam EN, Octagam, Panglobulin, Panglobulin NF, Polygam S/D, Privigen, Venoglobulin-S
- Interferon beta 1a (Avonex, Rebif) and 1b (Betaseron)
- Lupron (leuprolide acetate)
- Oncological agents not listed in one of the nationally recognized cancer compendiums as an indication for treatment of specific neoplasm
- Prolia and Xgeva (denosumab)
- Provenge (sipuleucel-T)
- Stelara (ustekinumab)
- Synagis (palivizumab)
- Tumor necrosis factor inhibitors and blockers – including but not limited to Cimzia (certolizumab), Enbrel

(etanercept), Humira (adalimumab), Remicade (infliximab), Simponi (golimumab)

- Xolair (omalizumab)

Oral Medications *(covered under prescription drug plan)*

- Actiq, Fentoria, and Onsolis (buccal/transmucosal fentanyl)
- Anabolic androgens
- Afinitor (everolimus)
- Cymbalta (duloxetine HCl)
- Compounds
- Exjade (deferasirox)
- Gleevec (imatinib)
- 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)
- Pennsaid and Voltaren gels (diclofenac topical gels)
- Provigil (modafinil) and Nuvigil (armodafinil)
- Promacta (eltrombopag)
- Pulmonary hypertension medications – including but not limited to Revatio (sildenafil)
- Revlimid (lenalidomide)
- Sutent (sunitinib malate)
- Tassigna (nilotinib)
- Thalomid (thalidomide)
- Tykerb (lapatinib)
- Uloric (febuxostat)
- Vyvanse (lisdexamfetamine dimesylate)
- Zyvox (linezolid)

THE FOLLOWING SERVICES REQUIRE ADVANCE NOTIFICATION

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.

Chemical Dependency/Substance Abuse Residential Treatment

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

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