

COMMUNITY HEALTH CHOICE

PRIOR AUTHORIZATION GUIDE | EFFECTIVE 2/2018 FOR ALL PRODUCTS

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
- Inpatient hospice
- Maternity and newborn stays that exceed two days for vaginal delivery or four days for Cesarean section delivery

Ambulance/Transportation

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

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

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

Behavioral Health Services (including substance abuse)

- Health Insurance Marketplace
 - Call Beacon Health Options at 1.855.539.5881, fax authorization requests to 855-371-9227
- Medicaid and CHIP
 - Call Beacon Health Options at 1.877.343.3108, fax authorization requests to 855-371-9227
- ERS
 - Call Beacon Health Options at 1.844.265.7587, fax authorization requests to 855-371-9227

Cardiac Services

- 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

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

Durable Medical Equipment (DME) and Prostheses

- Cochlear implants
- CPAP machines, purchased or rented
- CPM machines for home use
- Canned nutritionals
- Cranial molding helmets/bands
- Custom braces
- Diabetic supplies or other supplies exceeding the amount needed for 30 days or as specified in the product benefit
- Hearing aids and amplifiers
- Limb prostheses
- Wheelchairs/Scooters
- Any other items when the purchase price exceeds \$500 regardless of whether the item is being purchased or rented

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

Hospice

- Inpatient and home based hospice care

Hyperbaric Therapy

Investigational/Experimental Protocols

Injectable Drugs:

- Injectable drugs >\$500 AWP given in a provider's office, clinic setting, infusion suite or home unless self-administered
- 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 year of age
- Colonoscopy (if under 50 years of age or <5 years since last colonoscopy)
- 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 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 is required for:
 - Use of 17-P
 - Amniocentesis if <35 years of age at EDC
 - More than 2 NSTs or BPPs (with or without NST) per pregnancy
 - More than 2 ultrasounds per pregnancy

Proton Beam Radiation Therapy

Radiology/Imaging Services (when done in any place of service except inpatient, emergency room, or observation bed status)

- 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 Beacon Health Options contact and fax 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