

10/01/2020

PRIOR AUTHORIZATION GUIDE

EFFECTIVE 01/2021, FOR ALL PROGRAMS

Approved by MCMC 8/20/2020

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

Medical/Acute Services

Marketplace	Phone 713.295.6704 Notification of Admission 713.295.2284 (fax) Prior Authorization services: 713.295.7019 (fax)
Medicaid/CHIP	Phone 713.295.2295 Notification of Admission 713.295.2284 (fax) Clinical Submission 713.295.7030 (fax) Prior Authorization services: 713.295.2283 (fax)
HMO D-SNP	Phone 713.295.5007 Notification of Admission 713.295.2284 (fax) Clinical Submission 713.295.7030 (fax) Prior Authorization services: 713.295.7059 (fax)

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

- Non-emergency ground transportation
- All air transportation

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

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
- Canned nutritionals
- Cranial molding helmets/bands
- Custom wheelchairs
- Limb prostheses
- Scooters
- DME with purchase price exceeding \$500
- DME rental exceeding three (3) months

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 – J1943
- 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

Out-of-Area Services (except emergencies)

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
- GI tract imaging by capsule endoscopy
- 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

Pregnancy Services

- Terminations/Abortions
- For OBs who are not MFM specialists, authorization required for:
 - Use of 17-P
 - More than two (2) NSTs or BPPs (with or without NST)
 - More than two (2) ultrasounds (except nuchal translucency, CPT 76813)

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
- Nuclear stress test, SPECT Scans
- PET Scan
- 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 evaluations and reevaluations
- Physical and Occupational Therapy services, except initial evaluation and re-evaluations
- 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 vacuum devices
- Specialized wound dressings

Behavioral Health Services

Marketplace	Phone 1.855.539.5881 Prior Authorization services: Outpatient services 713.576.0930 (fax) Inpatient services 713.576.0932 (fax)
Medicaid/CHIP	Phone 1.877.343.3108 Prior Authorization services: Outpatient services 713.576.0931 (fax) Inpatient services 713.576.0932 (fax)
HMO D-SNP	Phone 1.877.343.3108 Outpatient services 713.576.0939 (fax) Inpatient services 713.576.0932 (fax)

- 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