



## 2017 PHPprime Prior Authorization List

<b>INPATIENT ADMISSIONS</b>		
<ul style="list-style-type: none"> <li>All elective inpatient admissions including hospital, acute rehabilitation, skilled nursing facility and hospital admissions for observation</li> </ul>		
<b>OUT OF NETWORK SERVICES/REFERRALS/TREATMENT</b>		
<ul style="list-style-type: none"> <li>All out-of-network referrals, services, evaluations and treatments require prior authorization</li> </ul>		
<b>REFERRALS</b>	<b>OUTPATIENT SERVICES/TREATMENTS</b>	
<ul style="list-style-type: none"> <li>All specialist referrals: Except contracted OB/GYN and Ophthalmology</li> </ul>	<ul style="list-style-type: none"> <li>Bone Growth Stimulators</li> <li>Capsule Endoscopy</li> <li>Cardiac Nuclear Medicine Procedures</li> <li>Cardiac Rehabilitation</li> <li>Durable Medical Equipment (DME)</li> <li>Home Infusions</li> <li>Hyperbaric Oxygen Therapy</li> <li>Hysterectomy (Outpatient Abdominal and Laparoscopic)</li> <li>Orthotics</li> <li>MAC for Colonoscopy and EGD</li> <li>Home Health Care (CNA &amp; MSW Recertification Only)</li> </ul>	<ul style="list-style-type: none"> <li>Mohs Procedures</li> <li>Pain Management Programs</li> <li>Part B Specialty Drugs</li> <li>Prosthetics</li> <li>Pulmonary Rehabilitation</li> <li>Radiation Therapy (IMRT, SBRT, SRS, Proton Beam)</li> <li>Sleep Studies</li> <li>Outpatient Therapies (PT, OT, ST, MSW)</li> <li>Wound Care Services (Outpatient Setting)</li> </ul>
<b>SPECIFIC SURGERIES/PROCEDURES (REGARDLESS OF PLACE OF SERVICE)</b>		
<ul style="list-style-type: none"> <li>Bariatric Surgeries</li> <li>Cochlear Implant</li> <li>Diagnostic Catheterization (<b>Place of Service, Outpatient or Office Only</b>)</li> <li>Electrophysiology Implants (such as Pacemaker, CRT or Defibrillator)</li> <li>Implantable Cardiac Defibrillators</li> <li>Orthognathic Surgery</li> <li>Pain Management Procedures (including Spinal Stimulators)</li> <li>Plastic/Reconstructive or Cosmetic Procedures (including Breast Reconstruction)</li> <li>Septoplasty/Rhinoplasty</li> <li>Spinal Surgeries</li> <li>Total Joint Replacements</li> <li>Sleep Apnea Procedures/Uvulopalatopharyngoplasty (UPPP)</li> <li>Vagus Nerve Stimulation</li> <li>Vein Procedures</li> </ul>		
<b>RADIOLOGY SERVICES</b>	<b>TREATMENTS RELATED TO THE FOLLOWING SERVICES</b>	
<ul style="list-style-type: none"> <li>CT</li> <li>MRI</li> <li>PET Scan</li> <li>SPECT Scan: Heart, Brain, Tumor Imaging &amp; Localization of Inflammatory Process</li> <li>Echocardiograms (<b>Place of Service, Outpatient or Office Only</b>)</li> <li>Stress Echo (<b>Place of Service, Outpatient or Office Only</b>)</li> </ul>	<ul style="list-style-type: none"> <li>All Transplants (Delegated to United Healthcare)</li> <li>Investigational/Experimental Services (Delegated to United Healthcare)</li> <li>New Services and Technology</li> <li>Clinical Trials</li> <li>Non-covered Services per Medicare</li> <li>Temporary Codes (T-Codes)</li> <li>Non-Emergent Ambulance Transports</li> </ul>	
<p><b>Chiro or PT/OT/ST Therapies: OptumHealth (800) 873-4575</b>  <b>Routine Eye Exam: OptumHealth Vision (800) 638-3120, <a href="http://www.optumhealthvision.com">www.optumhealthvision.com</a></b></p>		