



2016 PHPprime Prior Authorization List

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