



2019 PHPprime Prior Authorization List

Inpatient Admissions		
<ul style="list-style-type: none"> All elective inpatient admissions including acute hospital, acute rehabilitation, long term acute care 		
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) Genetic Testing Home Health Care (CNA & MSW recertification only) Home Infusions Hyperbaric Oxygen Therapy Hysterectomy (outpatient abdominal and laparoscopic) MAC for Colonoscopy and EGD 	<ul style="list-style-type: none"> Mohs Procedures Orthotics Part B Drugs Prosthetics Pulmonary Rehabilitation Radiation Therapy (including Brachytherapy, IMRT, SBRT, SRS, Proton Beam) Sleep Studies (regardless of setting) Outpatient Therapies (PT, OT, ST) Wound Clinic Services
Specific Surgeries/Procedures (Regardless of Place of Service)		
<ul style="list-style-type: none"> Bariatric Surgeries Cochlear Implant Diagnostic Catheterization Electrophysiology Implants (such as pacemaker, CRT or defibrillator) Gender Dysphoria Treatment Oral and Orthognathic Surgery Pain Management Procedures (such as epidural/facet injections, nerve denervation/stimulation, spinal stimulators) Plastic/Reconstructive or Cosmetic Procedures (including breast procedures) Septoplasty/Rhinoplasty Spinal Surgeries Total Joint Replacements Sleep Apnea Procedures/Uvulopalatopharyngoplasty (UPPP) Vagus Nerve Stimulation Vein Procedures 		
Radiology Services	Treatments Related to the Following Services	
<ul style="list-style-type: none"> CT/CTA MRI/MRA PET Scan Nuclear Medicine Echocardiograms Stress Echo 	<ul style="list-style-type: none"> All Transplants (delegated to UnitedHealthcare) Investigational/Experimental Services (delegated to UnitedHealthcare) 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 1-800-873-4575 Routine Eye Exam: OptumHealth Vision 1-800-638-3120, www.optumhealthvision.com</p>		

The PHPprime Prior Authorization List includes all the prior authorization requirements included in the UnitedHealthcare Medical Advantage list.