



## 2015 SMPC 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>TREATMENTS RELATED TO THE FOLLOWING SERVICES</b>	
<ul style="list-style-type: none"> <li>All referrals to specialists: Except contracted OB/GYN and Ophthalmology</li> </ul>	<ul style="list-style-type: none"> <li>All Transplants (<i>delegated to United</i>)</li> <li>Investigational or Experimental Services</li> <li>New Services and Technology</li> <li>Clinical Trials</li> <li>Implantable Cardiac Defibrillators</li> <li>Temporary Codes (T-codes)</li> <li>Non Emergent Ambulance Transports</li> </ul>	
<b>SPECIFIC SURGERIES, REGARDLESS OF PLACE OF SERVICE</b>		
<ul style="list-style-type: none"> <li>Bariatric Surgeries</li> <li>Cardiac Nuclear Medicine Procedures</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>Hysterectomy</li> <li>Infertility Procedures</li> <li>Muscle Flap Procedures</li> <li>Orthognathic Surgery</li> <li>Pain Management Procedures (see below for specific procedures)</li> <li>Plastic/Reconstructive or Cosmetic Procedures (such as Blepharoplasty)</li> <li>Septoplasty/Rhinoplasty</li> <li>Sleep Apnea Procedures/Uvulopalatopharyngoplasty (UPPP)</li> <li>Spinal Surgeries</li> <li>Total Joint Replacements</li> <li>Vagus Nerve Stimulation</li> <li>Vein Procedures</li> </ul>		
<b>RADIOLOGY SERVICES</b>	<b>OUTPATIENT SERVICES/TREATMENTS</b>	
<ul style="list-style-type: none"> <li>CT</li> <li>MRI</li> <li>PET Scan</li> <li>Proton Beam Treatment</li> <li>SPECT scan: Heart, Brain, Tumor Imaging and 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>Capsule Endoscopy</li> <li>Cardiac Rehabilitation</li> <li>Dental Anesthesia</li> <li>Durable Medical Equipment (DME)</li> <li>External Counterpulsation (EECP)</li> <li>Home Health Care</li> <li>Hyperbaric Oxygen Therapy</li> <li>Injectables and Home Infusions Oxygen</li> <li>Intensity Modulated Radiation Therapy (IMRT)</li> <li>Orthotics</li> </ul>	<ul style="list-style-type: none"> <li>MAC for Colonoscopy and EGD</li> <li>Pain Management Programs</li> <li>Part B specialty Drugs</li> <li>Prosthetics</li> <li>Pulmonary Rehabilitation</li> <li>Sleep Studies</li> <li>Stereotaxic Radiosurgery (SRS)</li> <li>Stereotaxic Body Radiation Therapy (SBRT)</li> <li>Therapies: PT,OT, ST, RT</li> <li>Wound Care Services (OP setting)</li> </ul>
<b>Chiro or PT/OT/ST Therapies: OptumHealth (800) 873-4575   Routine Eye Exam – OptumHealth Vision: (800) 638-3120, <a href="http://www.optumhealthvision.com">www.optumhealthvision.com</a></b>		