



Quick Reference Guide

MEDICAL NOTIFICATION & PRIOR APPROVAL REQUIREMENTS
2023

Clarification update: 3.1.2023



Prior Approval Required:

Note: Code-specific requirements are available through our on-line authorization platform.

Category	Service
Advanced Diagnostic Imaging	Including CT, MRI, PET Scans. This is not an all-inclusive list.
Allergy Testing	Including IgG, IgE testing, Leukocyte Histamine Release (LHRT), Conjunctival Challenge Test (ophthalmic mucous membrane test), direct nasal mucous membrane testing.
Ambulance/ Air Transportation Services	<p>Emergency ambulance transports (911 emergency transports from the scene to the nearest acute care facility) do not require Prior Approval.</p> <p>Non-emergent ambulance transports require Prior Approval.</p> <ul style="list-style-type: none"> In-network inter-facility ground ambulance transports to the nearest facility for higher level of care (that is not available at the sending facility) requires notification by the sending facility within one business day (BD) of the transfer to initiate medical necessity review. The Plan does not provide coverage for wheelchair vans, limousines, taxicabs, etc. <p>All fixed-wing ambulance transports require Prior Approval.</p> <p>The Plan only covers medically necessary ambulance transport to the nearest medical facility licensed and capable of providing the medically necessary level of care.</p>
Anesthesia	Anesthesia does not require separate Prior Approval, but an approved procedure must be on file for the date of service for the submitted anesthesia claim or the anesthesia claim will be denied.
Behavioral Health Services	Please refer to the Quick Reference Guide: Behavioral Health Services Prior Approval & Notification Requirements for further details.
Cardiac Surgery/ Cardiovascular Services	Percutaneous Transluminal Septal Myocardial Ablation, Therapeutic apheresis, with extracorporeal selective adsorption or selective filtration and plasma reinfusion, Transcatheter Aortic Valve Replacement.
Cardiac Testing	Cardiac diagnostic testing requires Prior Approval. Code-specific requirements are available through our on-line authorization platform.
Chemotherapy	Code-specific requirements are available through our on-line authorization platform.
Colonoscopy	Includes screening exams, diagnostic exams and laboratory studies.
Dental and Orthognathic Related Services	All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review.
Dermatology Services	All potentially cosmetic procedures regardless of place of service.
Dialysis	End stage renal disease (ESRD) outpatient dialysis services.
Durable Medical Equipment	See Separate Quick Reference Guide: Durable Medical Equipment Prior Approval Requirements .
Elective inpatient procedures/admissions	Notification is required within 48 hours of all acute inpatient admissions. Elective procedures require Prior Approval before the scheduled procedure date.

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes.
 All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review.
 Effective 3/1/2023.



Category	Service
Experimental or Investigational Services, including potentially Experimental or Investigational	Experimental, investigational, new procedures without proven effectiveness, miscellaneous codes, and Category III codes are generally non-covered.
Gastroenterology and General Surgery	<ul style="list-style-type: none"> • Abdominoplasty • Breast related procedures • EGD (esophagogastroduodenoscopy)/ Upper Endoscopy • Obesity-related (e.g., bariatric) surgeries • Treatment of varicose veins
Genetic Testing	Genetic Testing, Molecular Diagnostics, Pharmacogenetic Testing. Some exclusions apply.
Genitourinary Services	Code-specific requirements are available through our on-line authorization platform.
Hearing Devices	<p>Cochlear implants require Prior Approval (refer to Member Benefit Agreement or Summary Plan Description for coverage).</p> <p>Hearing Aids do not require Prior Approval but are subject to benefit limit (refer to Member Benefit Agreement or Summary Plan Description for coverage).</p>
Home Health Services	<p>In-network: PA required within 48 hours of first visit.</p> <p>Out-of-network: PA required prior to 1st visit.</p> <p>Indicate type of service(s) being requested (e.g, SN, PT, OT, ST, HHA, SW, MD, NP, PA).</p>
Home Infusion Therapy	<p>Prior Approval required. Please submit the Medication Prior Approval form.</p> <p>Health Options encourages home infusions when medically appropriate.</p> <p>Quick Reference Guide Medications (Medical Benefit) Prior Approval Requirements 2023.</p>
Hospice/Hospice Respite Care	Please refer to Member's Benefit Agreement or Summary Plan Description, as applicable for coverage details.
Infusion/Injectable	<p>Select Medical Benefit drugs and biologicals. Please submit the Medication Prior Approval form.</p> <p>If the medication is dispensed by a pharmacy, please submit applicable authorization requests to Express Scripts.</p> <p>Express Scripts Fax: (877) 329-3760, Phone (800) 753-2851</p> <p>Portal: https://client.medco.com/CWSCommonService/Login</p>

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes.
All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review.
Effective 3/1/2023.



Category	Service
Laboratory Tests/ Procedures	<p>Below is a list of lab categories that generally require Prior Approval (not all inclusive). Code-specific requirements are available through our on-line authorization platform.</p> <ul style="list-style-type: none"> • Allergen Specific IGE/IGG • Urine Drug Testing (see Urine Drug Testing for details) • Genetic Testing • Molecular Pathology Procedure • Unlisted Lab Codes
Long Term Acute Care Hospital (LTACH)	Admission to LTACH requires pre-service Prior Approval. Prior Approval is required before transport/transfer to LTACH.
Neurosurgical Services	Code-specific requirements are available through our on-line authorization platform.
Nuclear Studies	Code-specific requirements are available through our on-line authorization platform.
Nutritional Therapy	<p>Prior approval is needed for the 7th visit and beyond.</p> <p>If Member is discharged and then a new referral for Nutritional Therapy is made in the same plan year, Prior Approval is required before the first visit.</p>
Ophthalmology Services	Code-specific requirements are available through our on-line authorization platform.
Orthopedic Services	Code-specific requirements are available through our on-line authorization platform.
Outpatient Services (all procedures, surgeries and services performed in an outpatient setting or Ambulatory Surgical Unit)	Code-specific requirements are available through our on-line authorization platform.
Pain Management Services	Code-specific requirements are available through our on-line authorization platform.
Parenteral and Enteral Therapy Services	Code-specific requirements are available through our on-line authorization platform.

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes.

All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review.
Effective 3/1/2023.



Category	Service
Potentially Cosmetic	<p>Surgery/procedures done for cosmetic reasons only are not covered. Includes associated screening, diagnostic exam and laboratory tests.</p> <p>Reconstructive surgery and potentially cosmetic procedures require Prior Approval to include but not limited to:</p> <ul style="list-style-type: none"> • Eye procedures (blepharoplasty, blepharoptosis repair, ptosis repair) • Breast reconstruction/reduction • Panniculectomy and/or removal of excess skin/tissue • Congenital chest deformity repair (pectus carinatum, pectus excavatum, Poland syndrome) • Nasal procedures (rhinoplasty, septoplasty, rhinophyma treatment) • Removal of breast implants • Skin procedures (scar revisions, treatment of hemangiomas and port wine stains)
Unlisted Procedure Codes	All unlisted procedure codes require Prior Approval.
Urine Drug Testing (UDT)	<p>UDT Requirements:</p> <ul style="list-style-type: none"> • All UDT tests performed by Out-of- Network labs require Prior Approval. • UDT tests performed by In-network labs do not require Prior Approval with the exception of alcohol biomarkers. • Alcohol biomarker tests require Prior Approval when performed by In-network and Out-of- Network labs. • UDT Benefit Limit (per calendar year) <ul style="list-style-type: none"> 20 Qualitative UDT 20 Quantitative UDT <p>Please consult Health Options Provider Directory for a current listing of In-network labs.</p>
Wound Care Clinic Services	Code-specific requirements are available through our on-line authorization platform.
Wound Care Products and Procedure	Code-specific requirements are available through our on-line authorization platform.

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes. All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review. Effective 3/1/2023.