

SERVICES REQUIRING PRIOR AUTHORIZATION

- Inpatient stay in a Hospital, Extended Care Facility, or residential treatment facilities.
- Organ and tissue transplants.
- Home Health Care.
- Durable Medical Equipment, excluding braces and orthotics over \$1,500 or any Durable Medical Equipment rentals over \$500/month.
- Prosthetics over \$1,000.
- Inpatient stay in a Hospital or Birthing Center that is longer than 48 hours following a normal vaginal delivery or 96 hours following a Cesarean section.
- Inpatient admissions – urgent or emergent admissions including those directly from the Physician's office require Prior Authorization within 72 hours of admission.
- Nutritional counseling over 1 visit. Prior Authorization is not required for the initial visit so that the physician attestation form may be completed and faxed to UMR. Must have BMI of 27 or greater for up to 3 additional visits. Provider is to use the weight management Physician attestation form to authorize level 2.
- Physician supervised, non-surgical weight loss. Must have BMI of 30 or greater. Provider is to use the weight management Physician attestation form to authorize level 3.
- Genetic testing.
- Special radiation therapy/radio therapy such as:
 - Stereotactic radiosurgery (Gamma knife, Cyber knife).
 - Intensity modulated radiation therapy (IMRT).
 - Brachytherapy.
 - Proton beam therapy.
- Sleep apnea surgery and/or treatment of snoring, such as:
 - Uvulopalatopharyngoplasty (UPPP).
 - Laser-assisted uvulopalatopharyngoplasty (LAUP).
- Implantable stimulators including but not limited to:
 - Neuromuscular stimulators.
 - Bone growth stimulators.
 - Dorsal column stimulators.

- Outpatient spinal procedures / back procedures including but not limited to:
 - Vertebroplasty.
 - Kyphoplasty.
 - Total Disk Arthroplasty – cervical or lumbar.
 - Intervertebral disk prosthesis.
 - Radio Frequency Ablation Codes

- Intrathecal pain pumps.

- Special oral formula/enteral feedings infant formula is covered for PKU only; enteral feedings are covered only if administered through a tube as the sole source of nutrition.

- Outpatient hyperbaric oxygen treatment.

- Qualifying Clinical Trials (Refer to Case Management).

- Non-emergent outpatient diagnostic imaging services:
 - MRI
 - MRA
 - PET
 - CT
 - CTA
 - EBCT
 - Nuclear studies

- Any surgery that could be considered potentially cosmetic including but not limited to:
 - Reconstructive surgery.
 - Eyelid surgery.
 - Varicose vein surgery.

- The following injectables require Prior Authorization; however, this is not an all-inclusive list:
 - Synargis.
 - Growth hormone.
 - IVIG.
 - ESA (Erythropoiesis stimulating agents), Epogen, Procrit, and Aranesp.

- Specific Outpatient surgeries:
 - Abortions.
 - Accidental dental services / oral surgery / anesthesia and facility fees (when covered).

- TMJ – services for diagnosis and/or treatment covered Point of Service Plans only.

- Dialysis.