

Prior authorization list 2019

Out of network services / referrals / treatments

All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services and treatment require prior authorizations.

Inpatient / institutional services

- Elective / scheduled medical admissions
- Acute rehabilitation admissions
- Subacute admissions
- Skilled nursing facility (SNF) admissions
- Long-term acute care facility admissions
- Admissions for alcohol, drug and/or substance abuse¹
- Behavioral health admissions¹

Transportation

- Nonurgent / emergency air and land transports

Treatment related to the following services

- Investigational or experimental services, procedures or devices
- New (unproved) services and technology²
- Transplants

Surgical procedures (inpatient or outpatient service)

- Bone growth stimulator
- Cochlear implants and other auditory implants
- Cranial/Burr Hole surgery
- Electrophysiology implants (pacemakers, cardioverter-defibrillators)
- Gender dysphoria treatment
- Hysterectomy
- Muscle flap procedures
- Orthognathic surgery
- Plastic, reconstructive, and cosmetic procedures³
- Septoplasty / rhinoplasty
- Spinal surgeries
- Spinal stimulator for pain
- Total joint replacements
- Vagus nerve stimulation
- Vein procedures
- Ventricular assist devices

Outpatient service / treatment (outpatient, office and related service)

- Durable medical equipment (DME): Greater than \$1000 billed charge per item (excluding services obtained from Preferred Home Care)
- Echocardiograms, including stress echo

Prior authorization list 2019 (cont.)

- Dialysis services
- Home health care
- IMRT, STS, SBRT
- Nuclear stress tests / myocardial perfusion
- Orthotics⁴: Any device greater than \$1000 billed
- Prosthetics: Any device greater than \$1000 billed
- Respiratory therapy (only required for therapy delivered in home setting)
- Therapies: PT, OT, ST (only required for therapy delivered in home setting)
- Proton beam therapy

Laboratory testing

- Drug / genetic testing

Codes requiring authorization:

- 80301
- 80305
- 80306
- 80307
- 81225
- 81226
- 81227
- G0479
- G0480
- G0481
- G0482
- G0483
- G0659

Radiology services:

- Brain imaging

Applicable procedures

- 78606-78608

- CT angiography: head, chest, abdomen, pelvis, extremities and heart; including coronary fractional reserve derived from CTA to assess severity of coronary artery disease
- MRA: abdomen, chest, orbit, face and neck, head, spine, pelvis, extremities
- MRI and MRI guidance: breast, abdomen, cardiac, chest, temporomandibular joint, computer-aided detection
- MRI: brain, spine, joints
- PET scans
- Nuclear radiology

Applicable procedures

- Bone / joint / marrow
- Brain / cerebrospinal fluid
- Esophageal
- Gastrointestinal
- Heart and vascular
- Hepatobiliary
- Kidneys / bladder / testicular

Prior authorization list 2019 (cont.)

- Lacrimal system
- Liver and spleen
- Lymphatics and lymph node
- Lungs
- Salivary glands
- Thyroid / parathyroid / adrenal
- Unlisted endocrine
- SPECT scan (heart, myocardial perfusion):
 - Codes requiring prior authorization**
 - 78451
 - 78452
 - 78453
 - 78454

- Unlisted: 78999

- Temporary/Category III codes

- Specialty medications – Part B:

Codes requiring prior authorization

■ C9032	■ J3398	■ J9214
■ C9036	■ J3489	■ J9216
■ C9257	■ J3490 and J3590 (for Provenge, Luxturna, Radicava)	■ J9218
■ C9399		■ J9228
■ C9493	■ J0881	■ J9264
■ J0584	■ J9000	■ J9303
■ J0897 (if used for cancer treatment/Xgeva)	■ J9025	■ J9305
■ J1301	■ J9035	■ J9310
■ J1442	■ J9041	■ J9190
■ J1459	■ J9047	■ J9217
■ J1557	■ J9055	■ J9267
■ J1561	■ J9201	■ J9306
■ J1568	■ J9202	■ J9351
■ J1569	■ J9212	■ J9355
■ J1572	■ J9213	■ J9395
■ J1599		■ J9400
■ J2326		■ Q2043
■ J2353		■ Q2050
■ J2505		

1. Admissions for alcohol, drug, and/or substance abuse or mental illness: Call OptumCare® Behavioral Health at: 800-579-5222.
2. OptumCare® Network of Arizona assesses new technology on an ongoing basis. Any treatment or services that involve new technology will not be covered and paid unless: OptumCare Network of Arizona has found the new technology meets requirements for coverage under the member's plan of coverage, and prior authorization is requested and provided for the treatment or services utilizing the new technology.
3. Includes breast reconstruction (nonmastectomy) and septoplasty / rhinoplasty.
4. All foot orthotics regardless of billed charge, other orthotic device greater than \$1000 billed charge per device.

