

# COMMUNITY HEALTH CHOICE PRIOR AUTHORIZATION GUIDE | EFFECTIVE 1/2016 FOR ALL PRODUCTS

*This guide does NOT identify all covered benefits.*

## **Admissions to facilities (including transfers between separate facilities)**

- Surgical and nonsurgical
- Rehabilitation facility
- Skilled Nursing facility
- Inpatient hospice
- Maternity and newborn stays that exceed two days for vaginal delivery or four days for Cesarean section delivery

## **Ambulance/Transport**

- In and out-of-area
- Non-emergency ground and air
- Facility to facility transfers

## **Bariatric Surgery**

## **Behavioral Health Services (including substance abuse)**

- Health Insurance Marketplace
  - Call Beacon Health Options at 1.855.539.5881
- Medicaid and CHIP
  - Call Beacon Health Options at 1.877.343.3108

## **Cardiac Services**

- Cardiac imaging
  - Nuclear studies (including stress tests)
  - Echocardiograms (transthoracic and/or transesophageal, including stress testing)
  - Cardiac MR, MRA, CT, CTA, PET or PET/CT
  - Electron-beam CT/calcium scoring

## **Chemotherapy and office/outpatient use of biological/immunotherapy medications - including, but not limited to:**

Actimmune®; Acthar® Gel; Adcetris™; Alpha 1-proteinase inhibitor; Antiemetics - Palonosetron (Aloxi IV®), dolasetron (Anzemet IV®) and fosaprepitant (Emend IV®); Benlysta; Botulinum toxin type A and B (Botox®, Dysport®, incobotulinumtoxin a, Myobloc®, Xeomin®); Enzyme replacement drugs; Erbitux®; Erythropoiesis-stimulating agents (ESA), such as darbepoetin alpha, epoetin alpha, epoetin beta and peginesatide; Gattex®; Growth hormone; Hereditary angioedema drugs; Immunologic agents - Actemra®, Amevive®, Cimzia®, Enbrel®, Humira®, Kineret®, Orencia®, Remicade®, Rituxan®, Simponi®, Stelara®-- Xeljanz®; Immunoglobulins; Infertility medications (injectable); Jevtana®; Krystexxa™; Makena™; Multiple sclerosis drugs - Aubagio®, Avonex®, Betaseron®, Copaxone®, Extavia®, Gilenya®, Rebif®, Tecfidera™, Tysabri®; Osteoporosis drugs injectable-Boniva®, Forteo®, Miacalcin® and Prolia®; Zometa®, Reclast® and pamidronate (Aredia®) (for osteoporosis indications only); Pegylated interferon alpha when used for hepatitis C - Pegasys®, Peg Intron®, Rebetron®, Roferon A®, Intron A®, Infergen®; Provenge®; Pulmonary arterial hypertension drugs; Soliris®; Synagis®; Vectibix®; Viscosupplementation-Euflexxa®, Gel-One®, Hyalgan®, Orthovisc®, Supartz®, Synvisc®, Synvisc-One®; Xgeva®; Xolair®; Yervoy™; Zaltrap®

### **Dental Procedures**

- Facility, anesthesia and related medical services for dental care
- Orthognathic and other oral surgery procedures

### **Durable Medical Equipment (DME) and Prostheses**

- Cochlear implants
- CPAP machines, purchased or rented
- CPM machines for home use
- Canned nutritionals
- Cranial molding helmets/bands
- Custom braces
- Diabetic supplies or other supplies exceeding the amount needed for 30 days or as specified in the product benefit
- Limb prostheses
- Wheelchairs/Scooters
- Any other items when the purchase price exceeds \$500 regardless of whether the item is being purchased or rented

### **Genetic/Molecular Testing, except:**

- Karyotype/chromosomes, and/or FISH when ordered by a Maternal Fetal Medicine specialist
- Cystic Fibrosis screening (not full sequencing)

### **Home Health Care including, but not limited to, all nursing services, home infusion therapy and rehabilitative/habilitative services**

### **Hospice**

### **Hyperbaric Therapy Investigational/Experimental Protocols**

### **Laboratory Testing**

- Laboratory testing in an outpatient hospital setting
- Tumor marker testing

### **Nutritional/Dietetic Counseling**

### **Out-of-Network Services (except emergencies) Outpatient Procedures/Surgeries**

- Balloon sinuplasty
- Biofeedback (all)
- Cardiac devices including implantable defibrillators, defibrillator vests, cardiac resynchronization therapy, and ventricular assist devices
- Circumcision if over one year of age
- Destruction/Removal of benign skin lesion
- GI tract imaging by capsule endoscopy
- Hysterectomy
- Joint lubrication injections such as Synvisc® or Hyalgan®
- Osteochondral allograft or autologous chondrocyte implantation
- Spinal procedures including artificial intervertebral disc replacement, spinal fusion, and vetebroplasty/kyphoplasty
- Temperomandibular joint (TMJ) surgery
- Umbilical hernia surgery if under 5 years of age

- Uvulopalatopharyngoplasty (UPPP), including laser-assisted procedures, or other surgeries for obstructive sleep apnea
- Varicose vein procedures

**Pain Management Procedures including, but not limited to, external or implanted infusion pumps or stimulator devices, epidural steroid injections, and trigger-point injections**

**Pregnancy Services**

- Terminations/Abortions
- For OBs who are not MFM specialists, authorization is required for:
  - o Use of 17-P
  - o Amniocentesis if <35 years of age at EDC
  - o More than 2 NSTs or BPPs (with or without NST) per pregnancy
  - o More than 2 ultrasounds per pregnancy

**Proton Beam Radiation Therapy**

**Radiology/Imaging Services (when done in any place of service except inpatient, emergency room, or observation bed status)**

- CT Scans, including CT angiography and electron-beam CT scanning (coronary artery imaging)
- MRA
- MRI
- PET Scan
- Nuclear stress test, SPECT Scans
- Stress echocardiography

**Reconstructive/Plastic Surgery/Possible Cosmetic Procedures**

- Such as: abdominoplasty, blepharoplasty, breast procedures, craniofacial surgery, liposuction, otoplasty, rhinoplasty, septoplasty, etc.

**Rehabilitative/Habilitative Services**

- All Speech Therapy services, including initial evaluations
- Physical and Occupational Therapy services, except initial evaluation and re-evaluations
- All Chiropractic services

**Transplantation**

**Wound Care Services**

- Wound care center referral
- Wound vacuum devices
- Specialized wound dressings