



## Medical Pre-Authorization and Notification Requirements

**Below is a list of services that require notification, pre- authorization and/or medical appropriateness review. Please check plan benefits for network limitations.**

**PLEASE NOTE:** There are additional procedures that require pre- authorization for Self- Funded Employer Groups. Please contact The Health Plan Customer Service Department at 1.888.816.3096 for assistance on handling of authorization for Self- Funded Employer Groups.

### Out- of- Network Care

- All out-of-network care per plan design

### Tertiary Care

- All services require pre-authorization per plan design

### Inpatient Care

- All elective inpatient care. Notification of urgent and emergent admission is expected within 48 hours or as soon as reasonably possible
- Out-of-network / out-of-area care
- All elective C-sections and all elective inductions

**Medicare & D- SNP ONLY - Effective 1.1.20 the following inpatient care will be reviewed for medical necessity by eviCore healthcare (see page 1). Other lines of business (Commercial and Medicaid) will continue to be reviewed by The Health Plan as per plan design.**

- Skilled nursing facility care
- Inpatient rehabilitation facility care
- Long-term acute care hospital admission (LTACH)

### Diagnostic Testing and Studies

- Virtual colonoscopy
- Urine Drug Testing:
  - Medicaid member - definitive urine drug testing (G0483, G0659) for all services.
  - Medicaid member - all other urine definitive and presumptive codes have service limits. Pre-authorization for medical necessity is required beyond established limits.
  - All other lines of business member - urine definitive drug testing (G0481-G0483, G0659) for all services.
  - All other lines of business member - urine definitive and presumptive codes have service limits. Pre-authorization for medical necessity is required beyond established limits.

**Effective 12.16.19 the following tests/studies will be reviewed for medical necessity by eviCore healthcare**

- CT / CTA
- MRI / MRA
- PET / PET CT
- Myocardial Perfusion Imaging (Nuclear Stress)
- Echo / Echo Stress
- Diagnostic Heart Cath



## Medical Pre-Authorization and Notification Requirements

- Cardiac Imaging (CT, MRI, PET)
- Cardiac Rhythm Implantable Device (CRID)
- Sleep Studies

### Procedures

- All services related to spine care management (including injections, spinal surgeries, and spinal stimulation) require pre-authorization and medical necessity review. **(As of 1.1.19, will be reviewed for medical necessity by Palladian Health™.)**
- Bariatric and weight loss surgery
- Cochlear implants
- Cosmetic procedures (reduction mammoplasty, rhinoplasty, blepharoplasty, sclerotherapy, otoplasty, scar revision, abdominoplasty, panniculectomy, etc.)
- Hysterectomy
- Continuous intraoperative neurophysiological monitoring
- Prophylactic mastectomy
- All sleep apnea surgeries
- Podiatry – surgical procedures other than in-office
- Photographic surveillance of malignant melanoma
- Transplant and all related services
- Balloon sinuplasty

### Ambulatory Services

- Ambulatory blood pressure monitoring
- Cardiac outpatient monitoring / mobile real-time
- Capsule endoscopy
- Continuous glucose monitoring
- All genetic, genomic, pharmacogenetic, pharmacogenomics, and pharmacodynamic testing
- Cologuard
- Infertility treatment
- Oncotype DX assay / MammaPrint gene expression assay
- Skin substitutes (e.g., Dermagraft, Apligraf)
- Surgical / invasive varicose vein treatment
- TMJ – diagnostics and treatment
- Urinary / fecal incontinence clinic and therapies, including percutaneous tibial nerve stimulation
- Hyperbaric oxygen

### Ancillary Providers and Services

- Ambulance/ambulette – non-emergent
- Audiologists (independent practices) all evals and testing
- Hospice
- Private duty nursing
- Medications administered by healthcare professionals per plan design
- Initial order for insulin pump supplies
- Speech therapy- all visits



## Medical Pre-Authorization and Notification Requirements

- Chiropractic care (Beginning with the 21<sup>st</sup> visit – Effective 12.1.19, will be reviewed for medical necessity by Palladian Health)
- PT/OT – outpatient (Beginning with the 21<sup>st</sup> combined visit – Effective 12.1.19, will be reviewed for medical necessity by Palladian Health)
- Durable medical equipment (Effective 12.16.19 will be reviewed for medical necessity by eviCore healthcare, see page 1)
- Home health services (Medicare & D-SNP ONLY - Effective 1.1.20, will be reviewed for medical necessity by eviCore healthcare, see page 1)
- Home health services - Commercial & Medicaid lines of business require review by The Health Plan if services are to extend past the first certification period (60 days), pre-authorization is required to the start of the second certification period

### Unlisted/Miscellaneous Codes

**Will be reviewed to assess if it is non-covered or an up-coded procedure, service or equipment.**

### New Technology

**It is imperative that providers contact The Health Plan to verify coverage of all new technology. Pre-authorization is required for these services:**

- Artificial urinary sphincter
- Autologous chondrocyte implantation
- Bone morphogenetic protein (BMP)
- Botulinum toxin injections
- Carotid artery stenting
- Chemo-embolization
- Cryosurgery for renal masses
- DSEK and DSAEK for corneal endothelial degeneration
- Enhanced external counterpulsation (EECP)
- HALO 360 coagulation system
- Intensity modulated radiation therapy (IMRT)
- Intrastromal corneal ring inserts (Intacs)
- Gamma knife / stereotactic radiosurgery
- Gastric electrical stimulation
- Ventricular assist devices (LVAD, RVAD, Pediatric VAD, (percutaneous) pVAD)
- ProstaScint
- Provenge immunotherapy for prostate cancer
- Selective internal radiation therapy
- Sacral nerve stimulation

**Experimental and/or investigational services are not covered per plan design.**



## Medical Pre-Authorization Options

**Pre- Authorization Line:** Elective admissions, non-emergent referrals, diagnostics, imaging and procedure pre-authorization.

Available 8:00 am to 5:00 pm, Monday through Friday.

### **FULLY INSURED**

COMMERCIAL PLANS (HMO, PPO, POS)  
GOVERNMENT PROGRAMS  
(MEDICAID & MEDICARE)

**1.877.847.7901**

Available 8:00 am to 8:00 pm, Monday through Friday.

### **SELF- FUNDED**

(ASO, EMPLOYER-FUNDED)

**1.888.816.3096**

Available 8:00 am to 5:00 pm, Monday through Friday.

### **MEDICARE**

**1.877.847.7907**

Available 8:00 am to 5:00 pm, Monday through Friday.

### **MEDICAID**

**1.888.613.8385**

### **Palladian Health™**

**Via Portal 24/7:**

[myplan.healthplan.org](http://myplan.healthplan.org)

Available 7:00 am to 7:00 pm, Monday through  
Friday.

Telephone: 1.877.244.8514

Fax: 1.844.681.1205

### **eviCore healthcare**

**Via Portal 24/7:**

[myplan.healthplan.org](http://myplan.healthplan.org)

[evicore.com](http://evicore.com)

Available 8:00 am to 7 pm, Monday through Friday.

Saturday: 9 am – 5pm

Sundays and Holidays: 9 am – 2 pm

**Telephone: 1.877.791.4104**

**Admissions:** Notification of urgent and emergent admissions to participating facilities (in-plan) available 24 hours a day/7 days a week; Reverts to voice mail notification after regular business hours: **1.800.304.9101**

**Fax:** To submit clinical information for review: **1.888.329.8471**

### **Physician Access Line:**

For all EMERGENCY ISSUES, URGENT/EMERGENT TRANSFERS to TERTIARY FACILITIES, and contacting the medical director after hours, call **1.866.NURSEHP (1.866.687.7347)**. Available 24 hours a day/7 days a week – physician access only

### **Provider Websites:**

**myplan.healthplan.org** - open website; link to password secure provider website for eligibility, claims, reference materials and provider support information.

Periodic retrospective review will be completed to ensure compliance with standards of care and medical appropriateness guidelines.  
Effective January 1, 2020.



Medical  
Pre-Authorization  
Options

Full list of CPT codes for Palladian and eviCore healthcare are available at the above website.

**ADDITIONAL SERVICES MAY REQUIRE PRE- AUTHORIZATION.**

*Due to changes in medical technology, the accessibility of diagnostic equipment and services in an office/outpatient setting, as well as updated methods of performing procedures, there may be additional services that will require pre-authorization. Please contact The Health Plan prior to performing services related to new technology. Periodic review of provider utilization data may eliminate or require the need for medical appropriateness review and pre-authorization of additional services and diagnostic studies.*