



Medical Pre-Authorization and Notification Requirements

NOTICE CHANGE IN PRE-AUTHORIZATION PROCESS EFFECTIVE JANUARY 14, 2019

The Health Plan has entered into a partnership with Palladian Health™ to improve outcomes for musculoskeletal conditions and spine pain management, effective January 14, 2019.

This pre-authorization and review process does not include services provided to participants in self-funded plans – *please check plan benefits for coverage and prior auth requirements.*

Palladian Health™ will be performing all pre-authorizations and medical necessity review for the following services on all enrollees in all commercially insured fully-funded plans (including HMO, PPO and POS plans), all Medicaid plans, and all Medicare Advantage plans:

- **All services related to spine care management** (including injections, spinal surgeries, and spinal stimulation) require pre-authorization and medical necessity review. **All PT and OT – all services after initial evaluation** require pre-authorization and medical necessity review.
 - No referral or pre-authorization is required for the initial evaluation (members may self-refer for evaluation).
 - Palladian Health™ will complete medical necessity review after the initial evaluations.
- **All chiropractic care – all services after initial evaluation** require pre-authorization and medical necessity review.
 - No referral or pre-authorization is required for the initial evaluation (members may self-refer for evaluation).
 - Palladian Health™ will complete medical necessity review after the initial evaluations.
 - All X-rays performed in the chiropractic setting require pre-authorization.

Pre-authorization may be completed through The Health Plan online portal at <https://myplan.healthplan.org>, via fax at 1.844.681.1205, or telephonically at 1.877.244.8514.



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
- Skilled nursing and rehabilitation inpatient care
- Out-of-network / out-of-area care
- Long-term acute care (LTAC)
- All elective C-sections and all elective inductions

Diagnostic Testing and Studies

- MRI of the shoulder, knee, hip, extremity, elbow, ankle, foot, wrist, and the spine (cervical, thoracic, lumbar)
- Low-dose CT for lung cancer screening
- CT / MRI / MRA - Pre-authorization is required by all non-physician practitioners only
- CT angiography for CAD
- SPECT MPI (myocardial perfusion imaging) - Pre-authorization is required by all non-cardiologists only
- PET scan / PET/CT fusion scan
- Virtual colonoscopy - CT colonography
- 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.

Procedures

- Automatic implantable cardiac defibrillator / wearable cardioverter defibrillator / CRT-D
- Bariatric and weight loss surgery
- Bone anchored hearing aid (BAHA)/ cochlear implants



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- Cosmetic procedures (reduction mammoplasty, rhinoplasty, blepharoplasty, sclerotherapy, otoplasty, scar revision, abdominoplasty, panniculectomy, etc.)
- Hysterectomy
- Kyphoplasty / vertebroplasty (**As of January 14, 2019 will be reviewed for medical necessity by Palladian Health™ – see Page 1).**
- 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 – esophageal pH monitoring (Bravo)
- 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
- All tertiary care / out-of-network / out-of-area care
- 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
- Chiropractic care – all ages requires pre-authorization (**Effective January 14, 2019 will be reviewed for medical necessity by Palladian Health™ – see Page 1).**
- Home health services will no longer require pre-authorization during the first certification period. If services are to extend past the first certification period (60 days), pre-authorization is required to the start of the second certification period
- Hospice/private duty nursing
- Infusion therapy
- Insulin pumps
- Initial order for insulin pump supplies
- Speech therapy- all visits
- PT/OT – outpatient - all services after initial evaluation (**Effective January 14, 2019 will be reviewed for medical necessity by Palladian Health™ after initial evaluation – see Page 1).**

Periodic retrospective review will be completed to assure compliance with standards of care and medical appropriateness guidelines. Effective May 1, 2019.



- Orthotics or prosthetics ≥ \$500 as required by The Health Plan fee schedule
- All molded-to-patient model and custom fabricated prosthetics/orthotics
- Wheelchairs and accessories
- Durable medical equipment ≥ \$500 (rental or purchase) and as required per The Health Plan fee schedule; go to healthplan.org for complete information

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. Investigational services are not covered. Pre-authorization is required for these services:

- Artificial urinary sphincter
- Autologous chondrocyte implantation
- Bioimpedance / biventricular pacemaker / CRT-D
- 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)
- Implantable / insertable loop recorder
- Gamma knife / stereotactic radiosurgery
- Gastric electrical stimulation
- Ventricular assist devices (LVAD, RVAD, Pediatric VAD, (percutaneous) pVAD)
- ProstaScint
- Provenge immunotherapy for prostate cancer
- Radiofrequency ablation for chronic back pain (**Effective January 14, 2019 will be reviewed for medical necessity by Palladian Health™ – see Page 1).**
- Selective internal radiation therapy
- Sacral nerve stimulation / spinal cord stimulator (**Effective January 14, 2019 will be reviewed for medical necessity by Palladian Health™ – see Page 1).**
- X STOP interspinous process decompression system (**Effective January 14, 2019 will be reviewed for medical necessity by Palladian Health™ – see Page 1).**
- Xiaflex injections



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

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

Telephone: 1.877.244.8514

Fax: 1.844.681.1205

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:

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

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.