



REQUIRED AUTHORIZATION LIST

EFFECTIVE 11/1/2011

HEALTH SERVICES DEPARTMENT – (812) 426-6600 / (800) 521-0265 (OPTION 4)
FAX COMPLETED AUTHORIZATION FORM TO (716) 541-6356

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| <u>DURABLE MEDICAL EQUIPMENT & PROSTHETICS/ORTHOTICS</u> | Dispensed outside the Physician Office <i>except:</i> <ul style="list-style-type: none"> • Walkers/Crutches/Canes • Walking Boot (L4360 or L4386) • TENS • Glucometers • Commode Chairs (Medicare Only) | <ul style="list-style-type: none"> • Manual Breast Pump • Phototherapy • Overdoor Cervical Traction (E0860) • Truss • Nebulizer (E0570) | |
| <u>EMERGENT ADMISSION OR PROCEDURE</u> | NO PRECERTIFICATION IS REQUIRED. WHP must be notified within 48 hrs. | | |
| <u>INPATIENT</u> | All Elective Admissions to: | <ul style="list-style-type: none"> • Acute Care Hospital • Rehabilitation Hospital • Skilled Nursing Facility • Long Term Acute Care (LTAC) • Mental Health/Chemical Dependency | |
| <u>OUTPATIENT SERVICES</u> | <ul style="list-style-type: none"> • Dialysis • Oral Surgery • Plastic Surgery Referrals • Mental Health/Chemical Dependency Intensive Outpatient Services (After Patient has been evaluated) • Specialty Pain Management Services (all related Procedures &/or Services, excluding consults) • Radiation Therapy | Outpatient Surgical Procedures or other therapeutic procedures performed in Acute Care Facilities, Radiology Departments, Ambulatory or Day Surgery Centers with the following <i>exceptions:</i> <ul style="list-style-type: none"> • Breast Biopsy • Liver Biopsy • Prostate Biopsy • Kidney Biopsy • Biopsy, Removal of Lymph Node, Superficial • Needle Biopsy of Pleura • Needle Biopsy of Lymph Node • Needle Biopsy of Thyroid • Lap Cholecystectomy • Lap Tubal Ligation • Endometrial Ablation | <ul style="list-style-type: none"> • Essure • Vasectomy • TURBT • TURP • Thoracentesis • D&C • Chemotherapy • Spinal Puncture Therapeutic • Fine Needle Aspiration w/ & w/o Imaging • T&A • Cytoscopy • Bronchoscopy • Ophthalmic Laser Procedures • Central Venous Access Procedures • Bone Marrow Aspiration and Biopsy • Injection, Epidural of Blood or Clot Patch • ESWL • EGD • BTT or Removal Tubes |
| <u>PHARMACY/INJECTIONS/ VACCINES</u> | <ul style="list-style-type: none"> • BCG Vaccine (90585 – 90586) • Typhoid Vaccine • Vaccine using CPT 90749 | <ul style="list-style-type: none"> • Selected Drugs for Commercial and Medicare Members • Finally Beat Smoking! Program Prescriptions • BioTech Drugs (ie: Synvisc, Hylagen, Remicade) • Botox Injection (Cosmetic Uses are not Covered) | |
| <u>RADIOLOGY/ DIAGNOSTIC</u> | <ul style="list-style-type: none"> • Arteriogram (Carotid, Femoral, Aortic, etc.) • MRI/MRA/CAT Scans • PET Scans/SPECT Scans • 4D Obstetrical Ultrasounds | <ul style="list-style-type: none"> • Sleep Studies, must include CPap titration at same setting if indicated • First Screen Prenatal Testing (Under Age 34) • Genetic Testing for carrier status • Cytogenetic Studies | |
| <u>THERAPY/REHABILITATION</u> | <ul style="list-style-type: none"> • Speech Therapy • Home Health & Hospice, Home IV Therapy/Infusion Therapy (<i>exception: No precert for Medicare Cost members</i>) | <ul style="list-style-type: none"> • Physical Therapy/Occupational Therapy (Medicare Plans) and PT/OT provided to Commercial members by a non-capitated provider • Cardiac and Pulmonary Rehabilitation | |
| <u>OTHER</u> | <ul style="list-style-type: none"> • Infertility • Tertiary Care • (Elective) Transfers by Ambulance | <ul style="list-style-type: none"> • Out of Network Services • Transplantation Services • Finally Beat Smoking! Modalities: Medications and/or Hypnosis | |