

REQUIRED AUTHORIZATION LIST

(Effective 5/01/09)

- Out of Network Services, Specialists
- Plastic Surgery Referrals
- Infertility
- Elective Inpatient Admissions:
 - Acute Care Hospital
 - Rehabilitation Hospital
 - Mental Health/Chemical Dependency
 - Skilled Nursing Facility
 - Long Term Acute Care (LTAC)
- Outpatient Surgical Procedures or other therapeutic procedures performed in Acute Care Facilities, Radiology Departments, Ambulatory or Day Surgery Centers with the following **exceptions**:
 - Breast Biopsy
 - Liver Biopsy
 - Prostate Biopsy
 - Kidney Biopsy
 - Lap Tubal Ligation
 - Lap Cholecystectomy
 - Vasectomy
 - TURBT
 - Thoracentesis
 - Needle Biopsy of Pleura
 - Needle Biopsy Lymph Node
 - D&C
 - Chemotherapy
 - Spinal Puncture Therapeutic
 - Fine Needle Aspiration w/ & w/o Imaging
 - Cystoscopy
 - Bronchoscopy
 - Ophthalmic Laser Procedures
 - Central Venous Access Procedures
 - Bone Marrow Aspiration and Biopsy
 - Injection, Epidural , of Blood or Clot Patch
 - Biopsy, Removal Lymph Node
- 4D Obstetrical Ultrasounds
- First Screen Prenatal Testing (Under Age 34)
- Sleep Studies, must include CPap titration at same setting if indicated
- Radiology Imaging Studies:
 - Arteriogram (Carotid, Femoral, Aortic, etc.)
 - MRI/MRA/CAT Scans
 - PET Scans/SPECT Scans
- Mental Health/Chemical Dependency *Intensive Outpatient Services* (After patient has been evaluated.)
- Home Health & Hospice, (exception : No precert Medicare Cost members)
- IV Therapy/Infusion Therapy (Home, Office or Outpatient Hospital)
- Physical Therapy/Occupational Therapy (Medicare Plans) and PT/OT provided to Commercial members by a non-capitated provider.
- Speech Therapy
- Cardiac and Pulmonary Rehabilitation
- Durable Medical Equipment, Prosthetics/Orthotics dispensed outside the Physician Office with the exception of:
 - Walkers/Crutches/Canes
 - TENS
 - Commode Chairs (Medicare Only)
 - Manual Breast Pump
 - Phototherapy
 - Overdoor Cervical Traction (E0860)
 - Truss
 - Nebulizer (E0570)
 - Glucometers
- Specialty Pain Management Services (all related Procedures &/or Services, excluding Consults)
- Dialysis
- Transfers by Ambulance (Elective)
- Vaccine:
 - BCG Vaccine CPT 90585-90586
 - Typhoid Vaccine
 - Vaccine using CPT Code 90749
- Pharmacy:
 - Selected Drugs for Commercial Members
 - Finally Beat Smoking! Program Prescriptions
 - Selected Drugs for Medicare Members Only
 - BioTech Drugs (ie: Synvisc, Hyalgen, Remicade)
- Oral Surgery
- Finally Beat Smoking! Modalities:
 - Medications
 - Acupuncture
 - Hypnosis
- Tertiary Care
- Transplantation Services
- Botox Injection (Medically Necessary - Only) NOTE: Cosmetic Uses are Not Covered)

Precertification Turn Around Time Standards:

- Elective – 2 day maximum
- Urgent – same day

Emergent Admission/Procedure:

- No Precertification is required.
- Welborn Health Plans **must** be notified within 48 hrs.

Ordering DME After Hours:

- Leave a voice mail message with the request at (812) 426-6600, ext. 1344

After Hours Care

- Should be directed by the PCP