



Health Plan Prior Authorization is Required for All Non-Participating or Out-of-Network Specialist or Facility. Except for coverage of emergency care. Emergency room or urgent care visits are NOT subject to plan prior authorization requirements.

*PCP/Specialists must request an authorization for the following services:*

### Inpatient Services

All acute and non-acute inpatient facility admissions including observation, behavioral health, skilled nursing facility, crisis stabilization and rehabilitation. Some limits may apply:

- 7 days prior to scheduled Elective Admission
- Within 48 hours of Emergency Admission
- Notification of Newborn deliveries by next business day

### Ancillary Services

- DME, Home Care and Home supplies (via Univita)
- Orthotics and Prosthetics\* (O&P over \$500)
- OT excluding initial evaluation
- PT excluding initial evaluation
- ST excluding initial evaluation
- Pulmonary Therapy excluding initial evaluation
- Cardiac Rehabilitation
- Hearing Services, Aids and devices (includes fitting and audiologic services to use)

### Outpatient Service

- Radiology: CT, MRI, MRA, and PET scans (via NIA)
- Experimental or investigational treatments/services
- Observation Stays
- More than two OB ultrasounds
- Pain Management Programs/Services
- Hospital Outpatient Surgeries (Required to be called in by specialist or PCP) If performed at a participating Ambulatory Surgical Center it does not require the Health Plan's Prior Authorization unless the procedure is listed under the Outpatient/Ambulatory/Office Section.

### Transplants

Any covered potential transplant evaluation, transplant, pre-transplant care and post-transplant follow-up services.

### Prenatal Notification Form

Fax to 1-866-681-5125

Submit notification of expectant mother's prenatal assessment within 5 days of first prenatal visit.

### Outpatient/Ambulatory/Office

#### Surgical or interventional procedures as follows:

- Therapeutic Abortions
- Stereotactic Radiosurgery
- Bariatric Surgery procedures
- Implantable devices including cochlear implants
- Potentially cosmetic or plastic surgery including but not limited to:
  - Blepharoplasty
  - Breast Reconstruction
  - Breast Reduction
  - Varicose vein procedures
  - Septoplasty/rhinoplasty
  - Otoplasty
- Ambulatory/ Video EEG
- Sleep studies
- Dental/oral surgery requiring general anesthesia

### Other Services Requiring a Plan Authorization

- Air transport and non-emergent ambulance transfers
- Behavioral Health or substances Abuse Services. Provided by Cenpatco Behavioral Health.
- Any potentially cosmetic, experimental or investigational treatment/service

### Plan Authorization Requests

Call the UM Department at 1-866-796-0530 and follow the prompts to Referral/Authorization Unit. NurseWise staff is available 24/7 for after hour calls. All notifications of admission must be followed by submission of clinical information by the next business day via fax or telephone. All transition of care and clinical updates are required to validate ongoing services that require authorization.

Failure to obtain the required prior approval or pre-certification may result in a denied claim(s). This guide is not intended to be an all-inclusive list of covered services but it substantially provides current referral and prior authorization instructions. All services are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

\* Service does not require PA, if under \$500.00 and provided by a Participating Provider.