



---

## Quick Reference Guide

---

MEDICAL NOTIFICATION & PRIOR APPROVAL REQUIREMENTS

2021

Clarification update: 11.1.20



## Prior Approval Required:

Note: Code-specific requirements are available through our on-line authorization platform.

Category	Service
<b>Advanced Diagnostic Imaging</b>	All advanced diagnostic imaging requires prior approval by Health Options as of January 1, 2021.
<b>Allergy Testing</b>	Including IgG, IgE testing, Leukocyte Histamine Release (LHRT), Conjunctival Challenge Test (ophthalmic mucous membrane test), direct nasal mucous membrane testing.
<b>Ambulance/Air Transportation Services</b>	<p>Emergency ambulance transports (911 emergency transports from the scene to the nearest acute care facility) do not require Prior Approval.</p> <p>Non-emergent ambulance transports require Prior Approval.</p> <ul style="list-style-type: none"> <li>In-network inter-facility ground ambulance transports to the nearest facility for higher level of care (that is not available at the sending facility) requires notification by the sending facility within one BD of the transfer to initiate medical necessity review.</li> <li>The Plan does not provide coverage for wheelchair vans, limousines, taxicabs, etc.</li> </ul> <p>All fixed-wing ambulance transports require Prior Approval.</p> <p>The Plan only covers medically necessary ambulance transport to the nearest medical facility licensed and capable of providing the medically necessary level of care.</p>
<b>Anesthesia</b>	Anesthesia does not require separate Prior Approval, but an approved procedure must be on file for the date of service for the submitted anesthesia claim or the anesthesia claim will be denied.
<b>Behavioral Health Services</b>	Please refer to the <a href="#">Quick Reference Guide: Behavioral Health Services Prior Approval &amp; Notification Requirements</a> for further details.
<b>Cardiac Rehabilitation (Outpatient)</b>	Outpatient Phase 2-4 Cardiac Rehabilitation (limited to 36 visits/year)
<b>Cardiac Surgery/ Cardiovascular Services</b>	Percutaneous Transluminal Septal Myocardial Ablation, Therapeutic apheresis, with extracorporeal selective adsorption or selective filtration and plasma reinfusion, Transcatheter Aortic Valve Replacement.
<b>Cardiac Testing</b>	<p>Cardiac diagnostic cardiac testing requires Prior Approval. However, the following procedures do not require Prior Approval (PA):</p> <ul style="list-style-type: none"> <li>Electrocardiogram (ECG/EKG)</li> <li>Holter Monitor</li> </ul>
<b>Chemotherapy</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Colonoscopy</b>	Includes screening and diagnostic exams and laboratory studies.
<b>Cosmetic</b>	<p>Surgery/procedures done for cosmetic reasons only are not covered. Includes associated screening, diagnostic exam, and laboratory tests.</p> <p>Reconstructive surgery and potentially cosmetic procedures require Prior Approval to include but not limited to:</p> <ul style="list-style-type: none"> <li>Eye procedures (blepharoplasty, blepharoptosis repair, ptosis repair)</li> <li>Breast reconstruction/reduction</li> <li>Panniculectomy and/or removal of excess skin/tissue</li> <li>Congenital chest deformity repair (pectus carinatum, pectus excavatum, Poland syndrome)</li> <li>Nasal procedures (rhinoplasty, septoplasty, rhinophyma treatment)</li> <li>Removal of breast implants</li> </ul>

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes. All benefits listed are subject to Member Benefit Agreement or plan document, contract terms and medical review. Effective 1/1/2021.



Category	Service
<b>Cosmetic (Continued)</b>	<ul style="list-style-type: none"> <li>• Skin procedures (scar revisions, treatment of hemangiomas and port wine stains)</li> </ul>
<b>Dental and Orthognathic Related Services</b>	Please refer to the Member's Benefit Agreement or plan document, as applicable.
<b>Dermatology Services</b>	All potentially cosmetic procedures regardless of place of service.
<b>Dialysis</b>	End stage renal disease (ESRD) outpatient dialysis services.
<b>Durable Medical Equipment</b>	See Separate <a href="#">Quick Reference Guide: Durable Medical Equipment Prior Approval Requirements</a> .
<b>Early Intervention Services</b>	Early Intervention Services. Limited to 33 visits per calendar year.
<b>Elective inpatient procedures/admissions</b>	Notification is required within 48 hours of all acute inpatient and observation admissions. Elective procedure requires pre-service Prior Approval.
<b>Experimental or Investigational Services, including potentially Experimental or Investigational and all Unlisted Procedure Codes</b>	Experimental, investigational, new procedures without proven effectiveness, miscellaneous codes, and Category III codes are generally non-covered.
<b>Gastroenterology and General Surgery</b>	<ul style="list-style-type: none"> <li>• Abdominoplasty</li> <li>• Breast related procedures</li> <li>• Obesity-related (e.g., bariatric) surgeries</li> <li>• Treatment of varicose veins</li> </ul>
<b>Genetic Testing</b>	Genetic Testing, Molecular Diagnostics, Pharmacogenetic Testing. Some exclusions apply.
<b>Genitourinary Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Hearing Aids</b>	No Prior Approval Required. Please refer to Member's Benefit Agreement or plan document, as applicable for coverage details.  Please refer to Member's Benefit Agreement or plan document, as applicable for cochlear implant coverage details.
<b>Home Health Services</b>	All Home Health services including PT/OT/ST services.  NOTE: HMO plans have a benefit limit of 90 total visits (nursing, therapies, social work, etc.) per calendar year.
<b>Home Infusion Therapy</b>	Prior Approval required. Please submit the <a href="#">Medication Prior Approval form</a> .  Health Options encourages home infusions when medically appropriate.  <a href="#">Quick Reference Guide Medications (Medical Benefit) Prior Approval Requirements 2019</a> .



Category	Service
<b>Hospice/Hospice Respite Care</b>	Please refer to Member's Benefit Agreement or plan document, as applicable for coverage details.
<b>Infusion/Injectable</b>	Select Medical Benefit drugs and biologicals. <a href="#">Please submit the Medication Prior Approval form.</a> Please submit the Medication Prior Approval form. If the medication is dispensed by a pharmacy, please submit applicable authorization requests to Express Scripts. Express Scripts Fax: (877) 329-3760, Phone (800) 753-2851, Portal: <a href="https://client.medco.com/CWSCommonService/Login">https://client.medco.com/CWSCommonService/Login</a>
<b>In-home Biometric Monitoring</b>	In-home biometric monitoring
<b>Laboratory Tests/ Procedures</b>	Below is a list of lab categories that generally require Prior Approval (not all inclusive). Please use online authorization tool for specific code requirements. <ul style="list-style-type: none"> <li>• Allergen Specific IGE/IGG</li> <li>• Urine Drug Testing (see Urine Drug Testing for details)</li> <li>• Genetic Testing</li> <li>• Molecular Pathology Procedure</li> <li>• Unlisted Lab Codes</li> </ul>
<b>Long Term Acute Care Hospital (LTACH)</b>	Admission to LTACH requires pre-service Prior Approval.
<b>Mammograms</b>	Mammograms (including 3-D mammograms/tomosynthesis) do not require Prior Approval, but they are subject to benefit edits.
<b>Nuclear Studies</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Neurosurgical Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Nutritional Therapy</b>	Prior Approval is needed for the 7th visit and beyond except for nutrition therapy reassessment and subsequent interventions based on a second referral in plan year- these services require Prior Approval before 1st visit.
<b>Observation Stays</b>	Health Options performs Medical Necessity review for the entire stay. Notification is required within 48 hours (or by noon on the first business day after the weekend) even if the patient is already discharged. Observation stays are limited to 48 hours at which time the Member is admitted or discharged to a lower level of care. Delayed notification may result in an administrative denial for observation days prior to notification. An approved day of Observation Stay is based on the clinical presentation and is not necessarily for all services rendered during the stay.

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes.

All benefits listed are subject to Member Benefit Agreement or plan document, contract terms and medical review. Effective 1/1/2021.



Category	Service
<b>Observation Stays (Continued)</b>	<p>Submit all supporting clinical documentation as soon as feasible and within 10 BD of the 1st Observation day.</p> <p>Health Options will review the Observation claim submission.</p> <p>If Health Options determines additional clinical information is needed to support medical necessity of any services/procedures rendered during on Observation Stay, a request will be made to the facility.</p> <p><b>Examples include but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Genetic Testing</li> <li>• Surgical Procedures</li> <li>• Unlisted Procedures</li> <li>• Diagnostic Imaging</li> </ul> <p>If medical necessity is not met, line item may be denied. Facility/provider has appeal rights.</p>
<b>Ophthalmology Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Orthopedic Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Outpatient Services (all procedures, surgeries and services performed in an outpatient setting or Ambulatory Surgical Unit)</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Pain Management Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Parenteral and Enteral Therapy Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Ultrasounds (US)</b>	All OB US requests require Notification to Health Options within 10 BD of the procedure. Notification for repeat screening is not allowed at the same facility, but repeat screenings are allowed at a different facility or group when referred to another provider.

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes.

All benefits listed are subject to Member Benefit Agreement or plan document, contract terms and medical review.

Effective 1/1/2021.



Category	Service
<b>Urine Drug Testing (UDT)</b>	UDT Requirements: <ul style="list-style-type: none"> <li>• All UDT tests performed by Out-of- Network labs require Prior Approval.</li> <li>• UDT tests performed by In-network labs do not require Prior Approval with the exception of alcohol biomarkers.</li> <li>• Alcohol biomarker tests require Prior Approval when performed by In-network and Out-of- Network labs.</li> <li>• UDT Benefit Limit (per calendar year)</li> <li>• 20 Qualitative UDT</li> <li>• 20 Quantitative UDT</li> </ul> Please consult Health Options Provider Directory for a current listing of In-network labs.
<b>Wound Care Clinic Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Wound Care Products and Procedure</b>	Code-specific requirements are available through our on-line authorization platform.

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all inclusive and is subject to change without notice. Providers will receive a 60-day notice of any substantive changes.

All benefits listed are subject to Member Benefit Agreement or plan document, contract terms and medical review.

Effective 1/1/2021.