

Fully Insured, Commercial, Individual & Medicare Advantage Preauthorization List

► **Effective January 1, 2017** (unless otherwise noted)

- Abdominoplasty/Panniculectomy
- Ambulance (non-urgent air and non-urgent ground)
- NEW** • Autologous Chondrocyte Transplant (ACT)/Implant (ACI), Osteochondral Autograft (OAT/mosaicplasty)
- Bariatric Surgery
- Blepharoplasty and Eye Brow Lift/Brow-Ptosis
- Breast Reconstruction; Breast Implant Removal and Replacement
- NEW** • Cardiac Imaging and Procedures **3/1/17**
(ECHO, ECHO Stress, Cardiac Rhythm Implantable Devices, Myocardial Perfusion Imaging, Nuclear Medicine, Diagnostic Heart Catheterization)
- NEW** • Chiropractic and Massage Therapy **5/1/17**
- Clinical Trials, Phase I, II, III and IV
- Cochlear Implant
- Cosmetic and Reconstructive Surgery
- Dental Services (if done in a facility rather than in a provider's office)
- DME (select; see DME preauthorization list)
- NEW** • Elective Inpatient Stays – All elective surgical and non-surgical inpatient admissions* **3/1/17**
- Electrical Stimulation for Gastroparesis
- Endothelial Keratoplasty
- Endovenous Laser/RFA for Varicose Veins
- Experimental and Investigational Services
- Gender Dysphoria Procedures
- Genetic Testing (including molecular diagnostics) – ALL
- Gynecomastia Surgery
- Home Health Services
- Hyperbaric Oxygen Therapy
- Imaging
 - CT, CTA, MRI, MRA, PET, 3D**
- NEW** ► Obstetrical and Diagnostic Ultrasound*** **3/1/17**
- Infertility (all diagnostic tests, medications, treatments, etc.)
- Inpatient Rehabilitative Services
- InterStim: Implantable sacral nerve stimulation for urinary dysfunction
- NEW** • Interventional Pain Management (including but not limited to radiofrequency denervation procedures) **5/1/17**
- NEW** • Joint Surgery – ALL **5/1/17**
- Laser Treatment of Psoriasis
- Lesion Removal – Skin and Soft Tissue (if done in a facility rather than in a provider's office)
- Meniscal Allograft Transplant
- NEW** • Observation Stays – notification to HA is required for observation stays beyond 24 hours (commercial) and 48 hours (Medicare)
- NEW** • Oncology Pathways* **5/1/17**
- Out of Network Referral for HMO
- Port Wine Stain Removal
- Private Duty Nursing
- Proton Beam Therapy
- NEW** • Radiation Therapy **5/1/17**
- Radiofrequency Facet Denervation for Back and Neck Pain
- NEW** • Rehabilitative Therapies **5/1/17**
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
- Reduction Mammoplasty, Female
- Scar Revision (if done in a facility rather than in a provider's office)
- Skilled Nursing Facility
- NEW** • Sleep Diagnostics, Evaluations and Supplies **5/1/17**
- Specialty Pharmacy (including home infusion drugs) – ALL
- Spinal Cord Stimulator
- NEW** • Spine Surgery – ALL **5/1/17**
- Stereotactic Radiosurgery
- Testosterone, Implantable
- Transplant Services
- Urgent Inpatient Stays (medical/surgical/substance abuse) – notification to HA is required (no review)
- Uvulopalatopharyngoplasty (UPPP)
- Vasectomy (if done in a facility rather than in a provider's office)
- Vision Therapy

NOTE: This list is for preauthorization purposes only. To determine if any service or procedure is covered or how it is covered, please contact the customer service number on the back of the member's identification card.

*Inpatient chemotherapy does not require preauthorization.

**3D mammography does not require preauthorization.

***Breast ultrasounds do not require preauthorization.