



Prior Authorization List

Effective 6/30/15

Authorization Disclaimer

Authorization is based on medical necessity and payable only if member is eligible for coverage on the date service is provided.

Inpatient Admissions
Acute Care Hospital- Elective/Urgent/Emergent Admissions Long term acute care (LTAC) Mental Health/Substance abuse- (Contact MHNNet 1-855-309-2422) Rehabilitation Facility Skilled Nursing facility
OB/Newborn Inpatient Services
Newborn stays beyond the discharge of the mother NICU admissions OB related stays(medical) Scheduled C-section or induction of labor
Outpatient Surgery/Procedure
Automatic Implantable Cardioverter Defibrillators (AICD) Back Surgery (Laminectomy, Discectomy, Fusion) Blepharoplasty Reduction mammoplasty Uvulopalatopharyngoplasty (UPPP) Varicose vein treatment OB Ultrasounds (if request is more than 2 per pregnancy) Colonoscopy if under the age of 50 HIDA scan
Durable Medical Equipment
All Rentals require PA Purchases greater than \$500 require a PA (KYHC maintains rent to own policy) PA for monthly supplies approved at 3 month increments only
Radiology Services through MedSolutions 888-693-3211 (fax 888-693-3210)
CT scan CTA MRI MRA Nuclear cardiac Imaging PET scan
Other Services
Ambulance transfers (non-emergent, air ambulance subject to retrospective review for medical necessity) Home Health/Home Infusion Orthotics Invasive Pain Management Prosthetics Stereotactic radiosurgery (Gamma Knife) IMRT/SIRT Genetic Testing Transplants-Evaluation/Treatment/Follow-up care Observation stays greater than 23 hours <u>requires</u> notification

Revised 6/30/2015

The plan will utilize traditional precertification/prior authorization processes with list noted above. Case management processes will focus on high cost membership and yet to be determined focus populations.