



Soundpath Health 2018 Prior Authorization List

Please Note

- The below services require Prior Authorization in all non-urgent/non-emergent settings.
- All urgent/emergent facility stays require notification within 24 hours of initiation of services.
- Planned and/or elective inpatient admissions require prior authorization in order to be covered.
- Notification of planned participation in a CMS-Approved Clinical Trial is requested to inform claims processing.

If you have questions regarding coverage for any service, or to verify eligibility and benefits, please call Customer Service at 1-866-789-7747.

Facility Stays	Outpatient Services <i>(Including Hospital & Free Standing Clinics)</i>
<ul style="list-style-type: none"> • Hospital Stays (<i>Observation > 24 hours or Inpatient</i>) • Long Term Acute Care • Mental/Behavioral Health • Partial Hospitalization/Residential Treatment <i>(See Page 3 for information on Optum Behavioral Health)</i> • Rehabilitation Facilities • Skilled Nursing Facility 	<ul style="list-style-type: none"> • Hospital Observation Stays (<i>if more than 24 hours</i>) • Mental Health Outpatient: Intensive outpatient and non-standard outpatient services such as electro-convulsive therapy (ECT) and psychological testing (<i>See Optum Behavioral Health Information</i>) • Outpatient Rehabilitation Services: Occupational Therapy, Physical Therapy, and Speech Language Therapy

Durable Medical Equipment (DME)	Other Services
<ul style="list-style-type: none"> • Electrical Stimulation Devices (ESD) / Neuromuscular Stimulators • Insulin Pump • Orthotics/Prosthetics <i>(> \$ 1000 total allowed purchase price)</i> • Ventilator (<i>home use</i>) • Power Wheelchairs & Scooters • Lymphedema Pumps & Pneumatic Compressors • Non-preferred (Non Abbott) diabetic testing supplies (<i>Abbott Preferred List available at end of this document</i>) <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • Any other DME Items >\$ 1000 (<i>total allowed purchase price or capped rental</i>) excluding CPAP, which does not require authorization 	<ul style="list-style-type: none"> • Automatic Implantable Cardioverter Defibrillators (AICD) • Cochlear implants/implantable bone conduction and bone anchored hearing aids (<i>considered a prosthetic by CMS</i>) • Gamma Knife • Genetic Testing • Home Health Care (beyond initial 2 visits) • Home Infusion • Hyperbaric Oxygen Therapy • Non Emergent Ambulance Transfers • Outpatient Hospital-based Infusion Therapy • Pacemakers • Transplants • Ventricular Assistance Devices • Wound Care (<i>provided in a Wound Clinic</i>)

New Technology, Services & Procedures

- Clinical Trials (*NOTIFICATION ONLY*)
- Services that may be considered Experimental or Investigational

Radiology/Imaging (No PA required if performed in ER or Acute Inpatient setting)

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| <ul style="list-style-type: none"> • Computed Tomography Imaging (CT) – Abdomen, Pelvis, Colonography (Virtual Colonoscopy), Head, and Spine • Magnetic Resonance Imaging (MRI) • Magnetic Resonance Angiogram (MRA) • Magnetic Resonance Spectroscopy • Positron Emission Tomography Scans (PET) • Nuclear Cardiology • Single Photon Emission Computed Tomography (SPECT) | <ul style="list-style-type: none"> • Cancer Treatment <ul style="list-style-type: none"> ➤ IMRT (<i>Intensity-Modulated Radiation Therapy</i>) ➤ Proton Beam Therapy ➤ Skin Cancer Brachytherapy |
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Surgical Procedures

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| <ul style="list-style-type: none"> • Surgery used for Cosmetic Purposes • Abdominoplasty • Artificial Disc Procedures • Bariatric Surgery • Blepharoplasty • Breast Reconstruction (<i>except after Breast Cancer Surgery</i>) • Breast reduction/mammoplasty • Chemical Peel • Gender Reassignment Surgery • Implantable Infusion Pumps • Injection of Filling Materials • Joint Replacement Surgery | <ul style="list-style-type: none"> • Lipectomy or Excess Fat Removal • Neurostimulator Implant • Orthognathic Surgery • Otoplasty • Penile Implant • Rhinoplasty • Sleep Apnea or Snoring Surgery • Spinal Fusion • Varicose & Spider Vein Procedures |
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Out-of-Network Care

Soundpath Health only covers care by contracted in-network providers except under the following circumstances:

1. Inadequate network access
2. Continuity of Care under limited circumstances
3. Kidney dialysis when temporarily at a Medicare-certified facility outside the Plan's service area
4. Urgent/Emergent Services as defined in the Soundpath Health provider agreement and/or the member's Evidence of Coverage (EOC)

Except for urgent/emergent care, a prior authorization is required to obtain coverage for out-of-network care. For urgent/emergent care, notification within 24 hours of initiation of services is required.

Prior Authorization Documentation

1. Please provide documentation with the Prior Authorization request to support medical necessity.
2. As appropriate, this should include pre-procedure evaluation and/or trial of non-surgical conservative methods.
3. Providing this information with your request will facilitate a timely prior authorization determination and is intended to limit the administrative burden at the point of service and to ensure quality of care.

Optum Behavioral Health

Providers: Use liveandworkwell.com (access code – Prom).

Member and Provider: Call toll-free 1-888-873-6769.

Prior Authorization required for the following:

- Inpatient: Facility stays for Mental Health/Substance Abuse — Inpatient, Partial Hospitalization, Residential Treatment
- Outpatient: Intensive outpatient and non-standard outpatient services such as electroconvulsive therapy (ECT) and psychological testing



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Cancer Chemotherapy agents DO NOT require Prior Authorization (PA)

Part B – Drug/Injectables that require Prior Authorization		
Generic Name	Brand Name	HCPCS
AbobotulinumtoxinA	Dysport	J0586
Aflibercept	Eylea	J0178
Alpha 1-proteinase Inhibitor	Aralast NP, Glassia, Prolastin-C, Zemaira	J0256, J0257
C1 esterase inhibitor	Berinert, Cinryze, Ruconest	J0597, J0598, J0596
Denosumab	Prolia, Xgeva	J0897
Dolasetron	Anzemet IV	J1260
Ecallantide	Kalbitor	J1290
Epoprostenol sodium	Flolan Injection, Veletri	J1325
Fosaprepitant	Emend IV	J1453
Immune globulin, IV	Various	J1459, J1556, J1557, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1599
IncobotulinumtoxinA	Xeomin	J0588
Levoleucovorin	Fusilev	J0641
Mepolizumab	Nucala	J2182
Natalizumab	Tysabri	J2323
Omalizumab	Xolair	J2357
OnabotulinumtoxinA	Botox	J0585
Palonosetron	Aloxi IV	J2469
Pamidronate disodium	Aredia	J2430
Pegaptanib sodium	Macugen	J2503
Ranibizumab	Lucentis	J2778
Reslizumab	Cinqair	J2786
RimabotulinumtoxinB	Myobloc	J0587
Sildenafil citrate IV	Revatio IV	
Treprostinil	Remodulin	J3285
Viscosupplementation	Various	J7321, J7326, J7323, J7324, J7325, J7328, J3471, J3472, J7327, Q9980



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Preferred diabetic test supplies include the following Abbott Products that do NOT require pre-authorization:

Products	NDC Number	Products	NDC Number
FreeStyle InsuLinx Meter	99073-0711-43	FreeStyle Test Strips (100 ct)	99073-0121-01
FreeStyle Lite Meter	99073-0708-05	FreeStyle Lite Test Strips (50 ct)	99073-0708-22
FreeStyle Freedom Lite Meter	99073-0709-14	FreeStyle Lite Test Strips (100 ct)	99073-0708-27
Precision Xtra Meter	57599-8814-01	Precision Xtra Test Strips (50 ct)	57599-9728-04
FreeStyle InsuLinx Test Strips (50 ct)	99073-0712-31	Precision Xtra Test Strips (100 ct)	57599-9877-05
FreeStyle InsuLinx Test Strips (100 ct)	99073-0712-27	Precision Xtra Beta Ketone Test Strips (10 ct)	57599-0745-01
FreeStyle Test Strips (50 ct)	99073-0120-50		