

**Utilization Management Services that Require Prior Review and Certification**

Category	Description
<p>Inpatient admissions:</p> <ul style="list-style-type: none"> <li>● Acute care facility</li> <li>● Long-term acute care facility</li> <li>● Rehabilitation facility</li> <li>● Skilled nursing facility</li> <li>● Acute care: Behavioral health (BH) and substance use disorder (SUD) facility</li> <li>● Residential treatment: BH &amp; SUD</li> <li>● Partial hospitalization: BH &amp; SUD</li> </ul>	<ul style="list-style-type: none"> <li>● All admissions to an inpatient facility require prior authorization</li> <li>● Emergency admissions require authorization within 48 hours following admission</li> <li>● High-risk and routine maternity (routine that exceeds federal requirements)</li> </ul>
<p>Outpatient surgical procedures: including but not limited to select procedures:</p> <ul style="list-style-type: none"> <li>● Outpatient cosmetic surgical procedures</li> <li>● Cardiac devices</li> <li>● Outpatient dental surgical procedures</li> <li>● TMJ and jaw related surgical procedures</li> <li>● Vascular surgery and procedures</li> <li>● Hereditary cancer treatments and surgical procedures</li> <li>● Orthopedic procedures</li> </ul>	<p>Surgeries and procedures that may require prior authorization:</p> <ul style="list-style-type: none"> <li>● Blepharoplasty/ptosis repair (eyelid repair/lift)</li> <li>● Breast reduction</li> <li>● Internal cardiac defibrillators/pacemakers</li> <li>● Septoplasty/rhinoplasty (nose surgery)</li> <li>● Otoplasty (ear pinning or reshaping)</li> <li>● Panniculectomy/abdominoplasty</li> <li>● Sclerotherapy or surgery for varicose veins</li> <li>● Orthognathic surgery</li> <li>● Trauma related dental procedures</li> <li>● Arthroscopy, total joint replacement</li> </ul>
<p>Bariatric Surgery</p>	<p>Surgery for weight loss:</p> <ul style="list-style-type: none"> <li>● Gastrectomy</li> <li>● Gastric restrictive procedures</li> <li>● Lap sleeve</li> <li>● Revision of stomach-bowel fusion</li> </ul>
<p>Oral pharynx procedures</p>	<p>Invasive procedures for treatment of snoring or obstructive sleep apnea:</p> <ul style="list-style-type: none"> <li>● Uvulectomy, LAUP procedures</li> <li>● Palatopharyngoplasty (PPP)</li> <li>● Uvulopalatopharyngoplasty (UPPP)</li> </ul>

# Ascension Personalized Care

## Prior Authorization Categories

Category	Description
Spinal procedures	<ul style="list-style-type: none"> <li>● Allograft/osteopromotive material for spine surgery</li> <li>● Osteotomy</li> <li>● Percutaneous vertebroplasty</li> <li>● Arthrodesis</li> <li>● Laminectomy and laminotomy</li> <li>● Vertebral corpectomy</li> <li>● Destruction by neurolytic agent, facet joint nerve destruction</li> </ul>
Diagnostic radiology	<p>High-tech radiology services done in an outpatient or ambulatory setting:</p> <ul style="list-style-type: none"> <li>● CT Scans</li> <li>● MRI/MRA</li> <li>● Myocardial perfusion imaging, cardiac blood pool imaging and cardiac tests including diagnostic cardiac catheterizations and nuclear medicine stress echocardiograms</li> <li>● PET scans</li> </ul>
Therapeutic radiology	<p>Use of radiology for treatment of tumors.</p> <ul style="list-style-type: none"> <li>● Brachytherapy</li> <li>● Proton beam therapy</li> <li>● Radiotherapy</li> </ul>
Neuropsychological testing	<p>Combination of neurobehavioral and neuropsychological testing greater than 6 hours requires prior authorization</p>
Genetic testing	<p>Genetic testing for heritable disorders may be covered when the results will directly impact clinical decision making and/or clinical outcome for the individual. Testing method is considered scientifically valid.</p>
Chimeric antigen receptor (CAR) T-cell therapy	<p>All CAR T-cell therapy</p>
Injectable medications (Administered by healthcare provider)	<p>Select high-cost specialty drugs, i.e.</p> <ul style="list-style-type: none"> <li>● Immune globulin</li> <li>● Drugs for factor deficiencies</li> <li>● Interferon</li> <li>● Rituxan</li> <li>● Some chemotherapeutic agents</li> <li>● Botulinum (botox), etc.</li> </ul>

# Ascension Personalized Care

## Prior Authorization Categories

Category	Description
Experimental or investigational or unproven treatment, testing or procedures	Procedures, testing and surgeries which are experimental, investigational or for which effectiveness has not been proven.
Transplants (Other than corneal transplant)	<ul style="list-style-type: none"> <li>● Prior authorization is required for evaluation of candidacy for transplant.</li> <li>● Prior authorization is required for the transplant event.</li> <li>● Living or cadaver transplants:               <ul style="list-style-type: none"> <li>○ Allogeneic/autologous hematopoietic bone marrow transplants</li> <li>○ Heart, heart/lung</li> <li>○ Intestinal</li> <li>○ Kidney, kidney/liver</li> <li>○ Liver</li> <li>○ Lung</li> <li>○ Multivisceral solid organ transplants</li> <li>○ Pancreas, pancreas/kidney</li> </ul> </li> </ul>
Durable medical equipment	<p>Items on the prior authorization list and any DME item with a contracted price over \$1000:</p> <ul style="list-style-type: none"> <li>● Custom fabricated DME</li> <li>● Seat lifts</li> <li>● Wheelchairs, power operated vehicles</li> <li>● Speech generating devices</li> <li>● Insulin infusion pumps</li> <li>● Osteogenesis stimulators (Bone Growth Stim)</li> <li>● Neuromuscular stimulators</li> <li>● High frequency chest wall oscillation system and supplies</li> <li>● Cardiac defibrillator vests</li> <li>● Enteral therapy and supplies</li> </ul>
Orthotics and prosthetics	<p>Devices with the potential to require prior authorization:</p> <ul style="list-style-type: none"> <li>● Cranial remolding orthosis</li> <li>● Extremity prosthetics, electric prosthetic joints</li> <li>● Helmets</li> <li>● Lower extremity orthosis</li> <li>● Custom knee braces</li> </ul>

# Ascension Personalized Care

## Prior Authorization Categories

Category	Description
Hearing (ear) devices	Select device implants and replacements may require prior authorization: <ul style="list-style-type: none"> <li>● Osseointegrated implant</li> <li>● Cochlear implant</li> <li>● Auditory brainstem implant</li> </ul>
Home health care	Skilled home health services: <ul style="list-style-type: none"> <li>● Skilled nursing visits</li> <li>● Physical therapy</li> <li>● Occupational therapy</li> <li>● Speech therapy</li> <li>● Social worker</li> </ul>
Home infusion therapy	Home infusion therapy: <ul style="list-style-type: none"> <li>● Anti-Infectives</li> <li>● Continuous medications</li> <li>● Hydration</li> <li>● Immunotherapy</li> <li>● Nutrition, enteral and total parenteral</li> <li>● Pain management</li> </ul>
Miscellaneous/not specified procedure codes	Procedures given miscellaneous identifiers when they cannot be categorized into established codes: (many codes end in "99") miscellaneous or not otherwise specified: <ul style="list-style-type: none"> <li>● Miscellaneous DME</li> <li>● Unclassified drugs/biologics including antineoplastics</li> </ul>