

Utilization Management Services that Require Prior Review and Certification

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

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Spinal procedures	<ul style="list-style-type: none"> ● Allograft/osteopromotive material for spine surgery ● Osteotomy ● Percutaneous vertebroplasty ● Arthrodesis ● Laminectomy and laminotomy ● Vertebral corpectomy ● Destruction by neurolytic agent, facet joint nerve destruction
Diagnostic radiology	<p>High-tech radiology services done in an outpatient or ambulatory setting:</p> <ul style="list-style-type: none"> ● CT Scans ● MRI/MRA ● Myocardial perfusion imaging, cardiac blood pool imaging and cardiac tests including diagnostic cardiac catheterizations and nuclear medicine stress echocardiograms ● PET scans
Therapeutic radiology	<p>Use of radiology for treatment of tumors.</p> <ul style="list-style-type: none"> ● Brachytherapy ● Proton beam therapy ● Radiotherapy
Neuropsychological testing	<p>Combination of neurobehavioral and neuropsychological testing greater than 6 hours requires prior authorization.</p>
Orthotics and prosthetics	<p>Devices with the potential to require prior authorization:</p> <ul style="list-style-type: none"> ● Cranial remolding orthosis ● Extremity prosthetics, electric prosthetic joints ● Helmets ● Lower extremity orthosis ● Custom knee braces

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<p>Durable medical equipment</p>	<p>Items on the prior authorization list and any DME item with a contracted price over \$1000:</p> <ul style="list-style-type: none"> ● Custom fabricated DME ● Seat lifts ● Wheelchairs, power operated vehicles ● Speech generating devices ● Insulin infusion pumps ● Osteogenesis stimulators (Bone Growth Stim) ● Neuromuscular stimulators ● High frequency chest wall oscillation system and supplies ● Cardiac defibrillator vests ● Enteral therapy and supplies
<p>Hearing (ear) devices</p>	<p>Select device implants and replacements may require prior authorization:</p> <ul style="list-style-type: none"> ● Osseointegrated implant ● Cochlear implant ● Auditory brainstem implant
<p>Transplants (Other than corneal transplant)</p>	<ul style="list-style-type: none"> ● Prior authorization is required for evaluation of candidacy for transplant. ● Prior authorization is required for the transplant event. ● Living or cadaver transplants: <ul style="list-style-type: none"> ○ Allogeneic/autologous hematopoietic bone marrow transplants ○ Heart, heart/lung ○ Intestinal ○ Kidney, kidney/liver ○ Liver ○ Lung ○ Multivisceral solid organ transplants ○ Pancreas, pancreas/kidney
<p>Home health care</p>	<p>Skilled home health services:</p> <ul style="list-style-type: none"> ● Skilled nursing visits ● Physical therapy ● Occupational therapy ● Speech therapy ● Social worker

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Home infusion therapy	<p>Home infusion therapy:</p> <ul style="list-style-type: none"> ● Anti-Infectives ● Continuous medications ● Hydration ● Immunotherapy ● Nutrition, enteral and total parenteral ● Pain management
Rehabilitative and habilitative (outpatient)	<p>Prior authorization is required > 8 visits/discipline</p> <ul style="list-style-type: none"> ● Physical therapy ● Occupational therapy ● Speech therapy ● Chiropractic care
Injectable medications (Administered by healthcare provider)	<p>Select high cost specialty drugs:</p> <ul style="list-style-type: none"> ● Immune globulin ● Drugs for factor deficiencies ● Interferon ● Rituxan ● Some chemotherapeutic agents ● Botulinum (botox), etc
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>
Potential experimental or investigational or unproven treatment, testing or procedures	<p>Procedures, testing and surgeries which are experimental, investigational or for which effectiveness has not been proven.</p>
Miscellaneous/not specified procedure codes	<p>Procedures given miscellaneous identifiers when they cannot be categorized into established codes: (many codes end in "99") miscellaneous or not otherwise specified:</p> <ul style="list-style-type: none"> ● Miscellaneous DME ● Unclassified drugs/biologics including antineoplastics