



PRIOR AUTHORIZATION LIST- *When performed in-network**
FOR DATES OF SERVICE ON OR AFTER JANUARY 1, 2018

IPA Prior Authorization (PA) Requirements

This Prior Authorization list supersedes any lists that have been previously distributed or published—older lists are to be replaced with the latest version.

IPA Prior Authorization (PA) Policy

PCP's or referring health care professionals should **OBTAIN** Prior Authorization **BEFORE** services requiring Prior Authorizations are rendered. Prior Authorizations may be obtained via HSCconnect or as otherwise indicated in the Health Services section of the 2017 Provider Manual. Please see the HSCconnect section of the provider manual for an overview of the HSCconnect portal capabilities and instructions for obtaining access.

Rendering providers should **VERIFY** that a Prior Authorization has been granted **BEFORE** any service requiring a Prior Authorization is rendered. Prior Authorizations may be verified via HSCconnect or as otherwise indicated in the Health Services section of the Provider Manual.

IMPORTANT – Prior Authorization and/or Referral Number(s) is/are not a guarantee of benefits or payment at the time of service. Remember, benefits will vary between plans, so always verify benefits.

IPA Referral Policy

RP values the PCP's role in directing the care of customers to the appropriate, participating health care professionals. Participating specialists are contracted to work closely with our referring PCPs to enhance the quality and continuity of care provided to customers.

Although a Prior Authorization may not be required for certain services, a REFERRAL from a PCP to a Specialist MUST BE in place. The Referral should indicate PCP approved for a consultation only or for consultation and treatment, including the number of PCP approved visits.

Refer to your roster within HSCconnect to locate an in-network health care professional or facility.

Procedures/Services	PA Required	PA Not Required	Comments
Admissions	✓		Admissions include: Inpatient Medical and Behavioral Health Admissions Inpatient Observation Inpatient Rehabilitation Skilled Nursing Facility LTAC Intermediate Care Facility/Assisted Living *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Allergy Injections without a MD visit		X	
Allergy Serum and Testing		X	No authorization required with a specialist referral
Ambulance (Air of Ground)*	X	X	Non-Emergent Transports and Facility to Home Transports: Prior authorization required Facility to Facility Transports: Prior authorization not required Emergent Transports: Prior authorization not required

Procedures/Services	PA Required	PA Not Required	Comments
Amniocentesis		X	
Angioplasty/Cardiac Catheterization/Stents (cardiac and renal)	✓		
Arteriogram/Angiogram	✓		
Audiogram		X	
Biopsy		X	
Blood Services (Outpatient)		X	
Bone Density Study		X	
Breast Prosthesis (inserts)		X	CMS limits coverage to one prostheses every other year with appropriate coding *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Bronchoscopy		X	
Cardiac Monitoring		X	Any duration; placed on patient in any contracted location (non-invasive in office, hospital, outpatient, etc.). *Implantable cardiac monitors require prior authorization*
Cardiac Rehab		X	Only covered for specific conditions under Medicare guidelines *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Cardiac Testing All Stress Testing Myocardial Perfusion Imaging (SPECT) Cardiac CT Cardiac Nuclear Studies	✓		Non-imaging cardiac stress test (Treadmill EKG) does not require prior-authorization.
Cardioversion		X	
Chemotherapy	✓		Initial treatment only
Chiropractic	✓		Only covered for specific conditions under Medicare guidelines
Colonoscopy		X	
Corticosteroid Injections		X	
CT Scans Fast (EBCT) 64 Slice CTA Scans – all modalities	✓		No prior authorization required for standard CT scans
Diabetic Shoes and Inserts		X	CMS payment guidelines dictate the number of shoes/inserts covered by diagnosis/condition *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Diabetic Supplies and Monitors	✓		Prior authorization required under Part B benefit for non-preferred products or when quantity limits are exceeded for preferred products. *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Doppler/Duplex Studies		X	

Durable Medical Equipment (DME)	See Comments →	Prior Authorization is required for: <ul style="list-style-type: none"> • All rental DME • Purchased DME per contract rates, per line item greater than \$500; certain items require prior authorization regardless of price ¹ • All supplies per contract rates, per line item greater than \$500 • All repairs to DME
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Procedures/Services	PA Required	PA Not Required	Comments
Electrocardiogram (EKG)		X	
Echocardiogram (ECHO): Stress ECHO and Transesophageal ECHO (TEE)*	✓		No prior authorization required for routine Transthoracic (TTE) ECHO only*
Electroencephalogram (EEG)		X	
Electromyography (EMG) & Nerve Conduction Studies	✓		No Medical Director review required if Miliman's Criteria is met.
Electrophysiology (EP)		X	
Education		X	Includes diabetic education, nutritional counseling, and smoking cessation-please refer to EOC for limitations
Endoscopy		X	
Genetic Testing/Molecular Diagnostics/Pharmacogenetic Testing	✓		Only covered under certain conditions under Medicare guidelines. Health Plan Medical Director review required
Hearing Aid		X	Some plans provide limited hearing aid benefit; see Customer Evidence of Coverage (EOC) *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Hemodialysis		X	*For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Home Health Services	✓		*For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Home Infusion	✓		*For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Interventional Radiology	✓		
Lab work		X	Must use contracted provider, Quest Diagnostics
MRA (all modalities)	✓		
MRI (all modalities)	✓		
Myelogram		X	
Nuclear Cardiac Studies	✓		
Nuclear Radiology Studies	✓		Prior Authorization is required for all Nuclear studies EXCEPT: : <ul style="list-style-type: none"> • Whole body nuclear bone scans • Thyroid Uptake Studies • Gastric Emptying Study • HIDA Scan • DEXA Scan • VQ Scan • Parathyroid Scan

Occupational Therapy	✓		
Orthotics- New or Repairs	✓		*For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Outpatient Observation	✓		*For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Outpatient Surgical Procedures	✓		All outpatient hospital and ambulatory surgical centers procedures require prior authorization Except: those specifically addressed in this document as not requiring PA.
Procedures/Services	PA Required	PA Not Required	Comments
Oxygen Equipment	✓		*For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Part B - Outpatient Biologicals/Drugs	See Comments	➔	Part B prior authorization list and request form is available on the Cigna-HealthSpring health care professional website. Medicare Part B drugs may be administered and a backdated prior authorization obtained in cases of emergency. Definition of emergency services is in accordance with the provider manual *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Pain Management	See Comments	➔	Prior Authorization required for all procedures except: Trigger Point injections, joint injections and ESI- Epidural Steroid Injections
Peritoneal/Home Dialysis		X	*For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Physical Therapy	✓		
Podiatry	✓		Only covered for specific conditions under Medicare guidelines
Positron Emission Tomography (PET)	✓		Note-CMS allows up to three PET/CTs for initial staging and restaging purposes. Additional PET/CT request require Medical Director review.
Preventive Screenings		X	Include mammogram, pap test, colonoscopy, flu and pneumonia vaccines, bone density, glaucoma screening
Prosthetics- New or Repairs	✓		*For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Pulmonary Rehab		X	Only covered for specific conditions under Medicare guidelines *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Radiation Therapy	✓		Prior authorization only required for IMRT, Gamma knife, Cyber knife, and Selective Internal Radiation Therapy (SIRT)
Respiratory Therapy	See Comments	➔	Prior Authorization required for in home Prior Authorization not required for in hospital or outpatient facility setting *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Sleep Study*	✓		No Prior Authorization is required when study is performed

			at home via preferred contracted vendor* *For Amerigroup, Blue Cross or Cigna City of Houston/HEB members, please contact Amerigroup, Blue Cross or Cigna directly to obtain authorization*
Specialty Services	✓		PCP referral to specialty physician is required
Speech Therapy		X	
Treatment of Bone fractures		X	Except for vertebroplasty/Kyphoplasty for vertebral spine fractures, Prior Authorization not required for bone fracture treatment when all in-network
Ultrasound		X	
Urodynamic Studies		X	
Urology- specified procedures only-see CPTs		X	CPTs – 51700-02, 51705, 51720, 52310, 53600-01, 53605, 53620-21, 53660-61, 54200, 54235, 54700
Wound Care (Physician Office or Outpatient Wound Center)	✓		For par referrals the initial 6 visits plus two debridement will auto-approve
Vestibular Function Studies	X		No PA required if par ENT request at par facility
Vein Ablation Procedures	X		

¹ DME requiring prior authorization regardless of price – chest wall oscillation vest, conductive garment for TENS or NMES, cough stimulating device, cuirass chest shell, external defibrillator, gel pressure pad or non-powered pressure overlay for mattress, hydro-collator portable unit, implantable infusion pump, incontinent treatment system, pelvic floor stimulator, jaw motion rehab system, manual and power wheelchair cushions and accessories, osteogenesis stimulator, pneumatic compression device and/or any appliance to use with it, powered wheelchair or scooter, seat lift mechanism, shoulder flexion rotation device, speech generating device, TENS device, traction equipment.