

**Prior Authorization List - 2016/2017**

HealthFirst (HMO/POS) Commercial and Exchange, Health Choice (PPO), Nevada and Texas

**SERVICES REQUIRING PRIOR AUTHORIZATION**

Service Description	Contact Information
<b>Ambulance:</b> Elective (non-emergency) Transportation by Ground Ambulance or Medical Van	<p align="center"><b>Prominence Health Plan</b>  <b>Phone: (844) 894-8086 or (775) 770-9350</b>  <a href="http://www.prominencehealthplan.com">www.prominencehealthplan.com</a></p> <p align="center"><b>Inpatient</b>                      Fax: (888) 391-3720</p> <p align="center"><b>Outpatient</b>                      Fax: (888) 393-2335</p> <p align="center"><b>Behavioral Health</b>                      Fax: (888) 393-2348</p> <p align="center"><b>Medical Necessity Appeals</b>                      Fax: (888) 393-2393</p>
<b>Behavioral Health:</b> Mental Health, Alcohol and Chemical Dependency Services. <u>Includes:</u> inpatient, residential, partial hospitalization (PHP), acute detox, acute rehab, intensive outpatient programs (IOP), electroconvulsive therapy (ECT), applied behavior analysis (ABA), neuropsychological and psychological testing.	
<b>Cochlear Device and Implantation</b>	
<b>Cosmetic/Plastic and Reconstructive Services:</b> Performed in ANY setting (including Botox, varicose veins)	
<b>Dental Care:</b> Anesthesia >7 years old, oral surgery, TMJ services, oral appliances, dental implants	
<b>Dialysis (notification only)</b>	
<b>Durable Medical Equipment (DME), including Prosthetics</b> (Refer to complete list online @ <a href="http://www.prominencehealthplan.com">www.prominencehealthplan.com</a> )	
<b>Experimental / Investigational Procedures</b>	
<b>Home Healthcare (includes private duty nursing)</b>	
<b>Hospice &amp; Palliative Care (notification only)</b>	
<b>Infertility Treatment / Reproductive Endocrinology</b>	
<b>Infusion Therapy (EXCEPT oncology drugs, which are listed below and authorized by eviCore)</b>	
<b>Inpatient and Outpatient Admissions Related to all Conditions EXCEPT Joint and Spinal Procedures/Surgery (which are addressed below and authorized by eviCore):</b> Includes acute hospital, outpatient hospital / ambulatory surgery center (ASC), skilled nursing (SNF), acute rehab, LTAC, OB that exceeds standard length of stay and observation stays greater than 24 hours.	
<b>Long Term Services and Support:</b> Examples include personal attendant services (PAS), personal Care services, day adult health services (DAHS)	
<b>Non-Par Providers / Facilities:</b> Includes office visits, procedures, labs, diagnostic studies	
<b>Nutritional Supplements &amp; Enteral Formulas</b>	
<b>Rehabilitation Services:</b> Includes but not limited to cardiac, pulmonary and comprehensive outpatient rehab facility	
<b>Unlisted and Miscellaneous Codes:</b> Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with a prior authorization request.	
<b>Wound Therapy:</b> Includes but not limited to wound vacs and hyperbaric oxygen therapy.	
Service Description	Contact Information
<b>Cardiac Imaging:</b> CTA, Echo, Myocardial Perfusion, MRA, Nuclear Med Cardiac, PET, MUGA, Cardiac Rhythm, implantable devices	<p align="center"><b>eviCore</b>  <b>Ph: (844) 224-0495</b>  <a href="http://www.evicore.com">www.evicore.com</a></p> <p align="center"><b>General/Radiology/Cardiology/Radiation Therapy/Med Oncology/Infusion</b>                      Fax: (800) 540-2406</p> <p align="center"><b>Musculoskeletal</b>                      Fax: (855) 774-1319</p> <p align="center"><b>Genetic Labs</b>                      Fax: (844) 545-9213</p> <p align="center"><b>Sleep</b>                      Fax: (888) 511-0403</p> <p align="center"><b>Medical Necessity Appeals</b>                      Fax: (866) 699-8128</p>
<b>Genetic Counseling and Testing:</b> Except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns as mandated by state regulations (for CPT codes, visit <a href="http://www.evicore.com/resources/pages/providers.aspx">www.evicore.com/resources/pages/providers.aspx</a> ).	
<b>Imaging Studies (excludes routine x-rays):</b> Ultrasound, OB ultrasound (after 2), CT, MRI, Nuclear Medicine, PET scan	
<b>Joint Procedures (INPATIENT AND OUTPATIENT):</b> Arthroplasty, arthroscopy and open procedures	
<b>Medical Oncology Drugs</b>	
<b>Pain Management Procedures and Implants:</b> Includes but not limited to epidural, neuro stimulators	
<b>Physical, Occupational and Speech Therapy and Chiropractic (after first visit)</b>	
<b>Radiation Therapy</b>	
<b>Sleep Studies / Sleep Apnea / PAP Equipment / Supplies</b>	
<b>Spinal Procedures / Surgery (INPATIENT AND OUTPATIENT)</b>	
Service Description	Contact Information
<b>Air Ambulance Fixed Wing</b>	<b>Sentinel Air Ambulance:</b> (800) 763-4069
<b>Clinical Trial</b>	<b>PHP Provider Services:</b> (775) 770-9311 or (866) 500-2741
<b>Specialty Pharmacy (Oral and Injectable)</b>	Refer to PHP Specialty Pharmacy list at <a href="http://www.prominencehealthplan.com">www.prominencehealthplan.com</a>
<b>Transplant Evaluation and Services</b>	Call TETHYS: (866) 771-0697