

# MEDICAL PRIOR AUTHORIZATION LIST

Effective 1/1/2021



Prior authorization is required for specialized services, including those listed below. At times, prior authorization is referred to as pre-service authorization, pre-authorization, or pre-certification.

**Disclaimer:** These references are for informational purposes only and do not constitute medical advice, plan authorization, explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage, and some plans may not provide coverage for all services included on the list below. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all of their coverage determinations. Call the number located on the member ID card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science. Our Medical policies are reviewed annually and are subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG Health and Hayes publications to assist in administering health benefits. Medical policies and MCG Health guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain a referenced MCG guideline specific to your patient's review, please call the number located on the back of the member's ID card. For general medical policy or MCG requests, please email [priorauth@aspirushealthplan.com](mailto:priorauth@aspirushealthplan.com).

SERVICE/PROCEDURE	NOTES
Alternative Communications Device/Speech Generating Device or Digitized Speech	Contact Member Services to verify requirements
Anabolic Steroids	Medically administered drug
Antibiotics*, high dollar drugs	Medically administered drug
Asthma Immunotherapy*	Medically administered drug
Bariatric Surgical Services	Contact Member Services to verify requirements
Behavioral Health Services: Inpatient and Residential	Also includes: Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment
Biologics for Autoimmune Diseases or Sickle Cell Disease*	Medically administered drug
Bone Anchored Hearing Aids (BAHA)	Contact Member Services to verify requirements

SERVICE/PROCEDURE	NOTES
Botulinum Toxin Drugs	Medically administered drug
CAR-T Therapy	Medically administered drug
CPAP BiPAP Machines (see also DME)	
Clinical Trials	
Coagulation Modifiers*	Medically administered drug
Cosmetic and Plastic Surgery Procedures (and any procedure that may be considered cosmetic)	<p>Examples of potential cosmetic procedures:</p> <ul style="list-style-type: none"> <li>• Blepharoplasty, canthoplasty, eyelid, or eyebrow surgery</li> <li>• Panniculectomy</li> <li>• Pectus excavatum/carinatum</li> <li>• Port wine stain laser treatment</li> <li>• Reduction/augmentation mammoplasty/mastopexy and related services (services related to breast reconstruction following mastectomy do not require prior authorization)</li> <li>• Rhinoplasty</li> <li>• Temporomandibular Joint Disease (TMJ)</li> <li>• Orthognathic surgical services</li> <li>• Varicose vein treatment</li> <li>• Laser treatment for psoriasis</li> </ul>
Deep Brain Stimulation (DBS)	
Duchene Muscular Dystrophy Drugs	Medically administered drug
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> <li>• Any DME or orthotic with rental price above \$750 per month or purchase price above \$1,000; contact Member Services to verify price threshold</li> <li>• All CPAP/BiPAP rentals and purchases</li> <li>• Alternative communication and speech generating devices</li> <li>• Hospital beds</li> <li>• Power wheelchairs, custom-built wheelchairs, and scooters</li> <li>• Home UVB light treatment of skin conditions</li> <li>• Wearable cardiac defibrillator vest</li> </ul>
EGF Antagonists (ocular injections)	Medically administered drug
Enzyme Therapy*	Medically administered drug
Gene Therapy, all drugs	Medically administered drug
Genetic Testing	<p>Required documentation from the ordering provider or the genetic counselor associated with the ordering provider includes:</p> <ul style="list-style-type: none"> <li>• Diagnosis or symptoms being evaluated</li> <li>• Complete relevant family and personal history</li> <li>• Discussion of the calculated potential risks and benefits of the testing; role of heredity in the condition being confirmed, diagnosed, or treated</li> <li>• How the results of testing will change or influence the current treatment plan</li> </ul>
GnRH Agonists	Medically administered drug
Growth Hormone/Factor Drugs*	Medically administered drug

SERVICE/PROCEDURE	NOTES
Hemophilia Drugs*	Medically administered drug
Heredity Angioedema (HAE) Drugs*	Medically administered drug
Home Infusion Services	Member health plans require prior authorization for the home infusion administration and the drug(s). Some drugs may require a separate review through specialty pharmacy if they are on the specialty drug prior authorization list. Documentation should include the diagnosis, name of the drug(s), dose infused, and duration of treatment.
Hyperparathyroidism Drugs	Medically administered drug
Intensity Modulated Radiation Therapy (IMRT)	
Immune Globulin (IVIG)*	Medically administered drug
Implants, Drug Eluting	Medically administered drug
Infertility Drugs	Medically administered drug
Inpatient Admission: Planned (elective/scheduled) Includes Skilled Nursing Facility (SNF), Long-term Acute Care (LTAC) Facility, and Inpatient Hospice Facility	<ul style="list-style-type: none"> <li>• Notification to the health plan should be made a minimum of three days prior to date of planned admission</li> <li>• Notification to the health plan of urgent/emergent admissions should be made within two days of the admission</li> </ul>
Kidney Protective Drugs	Medically administered drug
Kidney Dialysis	
Lipodystrophy Drugs*	Medically administered drug
Monoclonal Antibodies, all drugs*	Medically administered drug
Neurodegenerative Disease Drugs (SMA, ALS, MS)*	Medically administered drug
Neurostimulation	Including posterior tibia, hypoglossal, percutaneous, functional stimulation, and neurostimulators for pain management
New Technology: Medical, Surgical, or Biomedical Services That Might Be Considered Experimental, Investigational, or Unproven	<ul style="list-style-type: none"> <li>• Examples: Second Generation Subcutaneous ICD; iStent Trabecular Micro-Bypass implant; corneal treatments and specialty contact lenses; multianalyte laboratory assays and analyses (MAAA); and proprietary laboratory analyses (PLA) tests</li> <li>• Prior authorization required if not addressed in the Non-Covered Services and Procedures Medical Policy</li> <li>• Category III coded procedures/services, also known as “T” codes</li> </ul>
Oncology Drugs (including antiemetics & adjunct drugs)	Medically administered drug
Osteoporosis Drugs*	Medically administered drug
Pain Management Procedures (Certificate and Medical Policy limitations may apply)	<ul style="list-style-type: none"> <li>• Epidural steroid injections</li> <li>• Facet joint injections (includes facet, MBB, zygapophysial joint, paravertebral facet joint, and dorsal posterior ramus injections)</li> <li>• Intrathecal pump implantation</li> <li>• Lumbar discography</li> <li>• Radiofrequency ablation</li> <li>• Spinal cord/dorsal column stimulation</li> <li>• Sacroiliac (SI) joint injections and treatment</li> <li>• Automated percutaneous lumbar discectomy</li> </ul>
Pediatric Vision and Orthoptic/Pleoptic Training	

SERVICE/PROCEDURE	NOTES
Physical, Occupational, and Speech Therapy Referrals for Out-of-Network Providers	
Prosthetics	<ul style="list-style-type: none"> <li>• Required for prosthetics over \$5,000</li> <li>NOTE: Some member certificates may have a lower dollar threshold requirement for prior authorization</li> <li>• Microprocessor- and myoelectric-controlled prosthetics</li> </ul>
Proton Beam Radiotherapy	
Pulmonary Hypertension Drugs*	Medically administered drug
RNA/DNA Modifying Drugs	Medically administered drug
RSV Prevention (Synagis)*	Medically administered drug
Skilled Nursing Facility	<ul style="list-style-type: none"> <li>• Required for member admission</li> </ul>
Sleep Study Evaluation performed in a Clinic Setting	
Pain Management Procedures (Certificate and Medical Policy Limitations May Apply)	<ul style="list-style-type: none"> <li>• Epidural steroid injections</li> <li>• Facet joint injections (includes facet, MBB, zygapophysial joint, paravertebral facet joint, and dorsal/posterior ramus injections)</li> <li>• Intrathecal pump implantation</li> <li>• Lumbar discography</li> <li>• Radiofrequency ablation</li> <li>• Spinal cord/dorsal column stimulation</li> <li>• Sacro-Iliac (SI) joint injections and treatment</li> <li>• Automated percutaneous lumbar discectomy</li> </ul>
Spinal Surgery	<p>Examples of spinal surgeries that require a prior authorization:</p> <ul style="list-style-type: none"> <li>• Artificial Intervertebral Discs</li> <li>• Arthrodesis</li> <li>• Fusions (includes SI joint treatments)</li> <li>• Laminectomy and facetectomy</li> <li>• NOTE: For percutaneous vertebroplasty, kyphoplasty, and sacroplasty (See Non-Covered Services and Procedures Medical Policy)</li> </ul>
Stereotactic Radiosurgery/Radiotherapy	
Somatostatin Analogs*	Medically administered drug
Therapeutic Contact Lens	
Total Ankle Arthroplasty	
Total Shoulder Arthroplasty	
Transplant Drugs*	Medically administered drug
Transplants	<p>Solid organ, bone marrow, stem cell, and cartilage</p> <ul style="list-style-type: none"> <li>• See also Non-Covered Services and Procedures Medical Policy</li> </ul>
Transport of Patients: Non-emergency (MediVan, ground, or air ambulance)	<ul style="list-style-type: none"> <li>• Required for non-emergency transports</li> </ul>

**SERVICE/PROCEDURE****NOTES**

Miscellaneous Drugs (Acthar, Prialt, Photrexa, BAL in Oil, Makena, Spravato, Krystexxa)\*

Medically administered drug

\*Site of Care review is required for drugs that can be safely administered in a home setting.

Approved: 10/2020: Updates for 2021