HEALTH CHOICE UTAH
PRIOR AUTHORIZATION REQUIREMENTS

SUBMITTING A **PRIOR AUTHORIZATION REQUEST:**

PHONE: 1-877-358-8797
FAX: 1-877-358-8793

SPECIALTY SERVICES AND PROCEDURES REQUIRING PRIOR AUTHORIZATION OR NOTIFICATION	
• Referrals to network specialists do not require authorization. • Prior authorization is required for all non-participating providers and hospitals.	
SPECIALTY/ PROCEDURE	PROVISIONS
Bariatric/Gastric Procedures and Surgery	Prior Authorization is required for all procedures
Cardiology Procedures Cardiac and Thoracic Surgery and Procedures	Authorization is required for all cardiac catheterization and cardiac surgical procedures, echocardiography, and nuclear stress tests.
Cosmetic Procedures Including Vein Stripping and Destruction	All services
Developmental Pediatric Counseling and Testing	All services
Dialysis	Notification only

Revised : SEPTEMBER 15, 2016

SPECIALTY SERVICES AND PROCEDURES REQUIRING PRIOR AUTHORIZATION OR NOTIFICATION

- Referrals to network specialists do not require authorization.
- Prior authorization is required for all non-participating providers and hospitals.

SPECIALTY/ PROCEDURE	PROVISIONS
Genetic Testing	All services
Hysterectomy	Hysterectomy is not covered for sterilization alone. Submission of the **Hysterectomy Acknowledgment Form is required.**
Injectable and Infusion Therapy	See the attached Pharmaceuticals Requiring Authorization list.
Maternity Care	Requires notification following initial maternity visit to enroll mother in the Stork Maternity Care Program
Occupational/Physical/Speech Therapy	Prior authorization required after initial ten visits (one evaluation + nine visits).
Outpatient Neurology Procedures	All procedures (e.g. EEG, EMG, etc.)
Pain Management Procedures	All procedures
Sterilization by hysteroscopic tubal occlusive device.	**Submission of the Utah Medicaid Hysteroscopic Tubal Occlusive Device Checklist & Consent For Sterilization Form are required.**
Sterilization procedures, other. (e.g., vasectomy, tubal ligation, etc.) *This does not include hysterectomy and hysteroscopic tubal occlusive devices.*	**Submission of the Consent For Sterilization Form required.** Sterilization does not require a determination of medical necessity when performed by a participating provider and in-network facility.

ANCILLARY SERVICES AND DURABLE MEDICAL EQUIPMENT REQUIRING PRIOR AUTHORIZATION OR NOTIFICATION

ANCILLARY SPECIALTY	PROVISIONS
Bone Anchored Hearing Aids / Cochlear Implants	All services
Durable Medical Equipment	Over $500
Enteral Formulas/Nutritional Supplements	All services
Home Health and Home Infusion	Prior authorization required after 6 visits. Certain medications require prior authorization. See attached **Pharmaceuticals Requiring Authorization list.**

ANCILLARY SERVICES AND DURABLE MEDICAL EQUIPMENT REQUIRING PRIOR AUTHORIZATION OR NOTIFICATION	
ANCILLARY SPECIALTY	PROVISIONS
Hospice Care	All services. Certification with provider's order and signed attestation. Recertification required after 6 months.
Hyperbaric Oxygen/Wound Therapy	All services
Sleep Studies	All services

ANCILLARY SERVICES AND DURABLE MEDICAL EQUIPMENT REQUIRING PRIOR AUTHORIZATION OR NOTIFICATION
All high tech radiology services, including Computerized Tomography (**CT**,) Computerized Tomography Angiography (**CAA**,) Magnetic Resonance Imaging (**MRI**,) Magnetic Imaging Angiography (**MRA**,) **Nuclear Cardiology** and Positron Emission Tomography (**PET**) require prior authorization.
The initial two obstetrical ultrasounds do not require authorization. Additional obstetrical ultrasounds *require authorization*.

INPATIENT SERVICES
REQUIRING PRIOR AUTHORIZATION

All elective hospital admissions and procedures.
Emergency admits require notification within 2 business days.
All admissions to Acute Inpatient, Rehabilitation, Long Term Acute Care, Skilled Nursing (Facilities and Units,) and to Observation status require prior authorization.
All facilities must notify Health Choice Utah for all procedures requiring prior authorization prior to admission.
Prior authorization is required for all non-participating providers and hospitals.

Revised : SEPTEMBER 15, 2016

PHARMACEUTICALS
REQUIRING AUTHORIZATION

MEDICATION DESCRIPTION	J CODE
Abatacept, 10 mg	J0129
AbobotulinumtoxinA, 5units	J0586
Adalimumab, 20 mg (Humira)	J0135
Aflibercept, injection, 1 mg	J0178
Agalsidase, 1 mg (Fabrazyme)	J0180
Alemtuzumab, injection, 10 mg	J9010
Alglucerase, 10 units (Ceredase)	J0205
17 Alpha-Hydroxyprogesterone Caproate (Gestiva)	J3490
Alpha 1 – Proteinase Inhibitor – Human, 10 mg (Prolastin, Zemira)	J0256
Alpha 1 – Proteinase inhibitor – GLASSIA, 10 mg	J0257
Anidulafungin, 1 mg (Eraxis)	J0348
Basiliximab, 20 mg	J0480
Belatacept, I mg	J0485
Belimumab 10 mg	J0490
Canakinumab, , injection, 1 mg	J0638
Certolizumab pegol, 1 mg	J0718
Collagenase Clostridium Histolyticum, Inj (Xiaflex)	J0775
Dalteparin Sodium (Fragmin) see footnote	J1645
Epoprostenol, 0.5 mg (Flolan/Generic Epoprotenol)	J1325
Etanercept, 25 mg (Enbrel – Specialty Pharmacy Delivery)	J1438
Factor VII , VIII & XIII	J7185- J7197
Filgrastim (G-CSF), 300 mcg (Neupogen)	J1440
Filgrastim (G-CSF), 480 mcg (Neupogen)	J1441

PHARMACEUTICALS
REQUIRING AUTHORIZATION

MEDICATION DESCRIPTION	J CODE
Histrelin Implant, 50 mg (Supprelin La/Vantus)	J9225, J9226
Hyaluronic Acid for Synvisc / Synvisc One	J7325
Ibandronate Sodium, 1 mg (Boniva)	J1740
Immune Globulin IM	J1460 – J1560
Immune Globulin, Intravenous, Lyophilized (e.g. powder), 500 mg (Carimune)	J1566
Immune Globulin, Intravenous, Non-Lyophilized (e.g. liquid), 500 mg	J1459, JJ1561, J1568, J1569
Immune Globulin, Intravenous, 500 mg	J1459, J 1572
Infliximab, 10 mg (Remicade)	J1745
Interferon Alphacon-1, 1 mcg (Infergen)	J9212
Interferon Alfa -2A (Roferon-A)	J9213
Interferon Alfa – 2B (Intron A/Rebtron Kit)	J9214
Leuprolide Acetate (depot suspension), 3.75 mg (Eligard/Lupron, Lupron- 3/Lupron-4/Lupron	J1950
Leuprolide Acetate (for depot suspension), 7.5 mg (Eligard/Lupron Depot)	J9217
Leuprolide Acetate, 1 mg (Lupron)	J9218
Leuprolideacetate Implant, 65 mg (Lupron Implant)	J9219
Linezolid Inj 200 mg (Zyvox)	J2020
Mecasermin Inj 1 mg (Iplex, Increlex)	J2170
Natalizumab, 1 mg (Tysabri)	J2323
Omalizumab, 5 mg (Xolair)	J2357
Palivizumab 50 mg (Synagis)	90378
Panitumumab 10 mg (Vectibix)	J9303
Pegfilgrastim, 6 mg (Neulasta)	J2505

PHARMACEUTICALS
REQUIRING AUTHORIZATION

MEDICATION DESCRIPTION	J CODE
Renibizumab, 0.5mg (Lucentis)	J2778
Rimabototulinum Toxin B, 100 units (Myobloc)	J0587
Rituximab, 100 mg (Rituxan)	J9310
Sipuleucel-T, 50 M cells (Provenge)	Q2043
Somatropin, 1 mg (Humatrope/ Genotropin Nutropin/ Biotropin/ Genotropin/ Genotropin Miniquick/ Norditropin/ Nutropin/ Nutropin AQ, Saizen/ Saizen Somatropin RDNA/ Serostim/ Serostim RDNA/ Zorbtive) (The HCU Formulary covers Tev-Tropin and Serostim only)	J2941
Teriparatide 250 mcg (Forteo)	J3110
Testosterone Cypionate, 1 cc, 200 mg (Depo Testosterone)	J1080
Testosterone Suspension, up to 50 mg	J3140
Testosterone Cypionate, up to 100 mg (Depo Testosterone)	J1070
Testosterone Cypionate and Estradiol Cypionate, up to 1 ml (Depo- Testadiol)	J1060
Testosterone Enanthate, up to 100 mg (Delatestryl)	J3120
Testosterone Enanthate, up to 200 mg (Delatestryl)	J3130
Testosterone Propionate, up to 100 mg	J3150
Tobramycin, inhalation solution, 300 mg (Tobi)	J7682
Triamcinolone, inhalation solution, compounded product, concentrated form, administered through DME	J7683
Zoledronic Acid, 1 mg (Zometa)	J3487
Zoledronic Acid, 1 mg (Reclast)	J3488
Unclassified Drugs	J3490
Unclassified Biologics	J3590
Unclassified Antineoplastic Drugs	J9999

[1]Dalteparin (Fragmin) J1645 is Health Choice Utah approved (without PA) for up to a 10 day supply or 20 syringes (whichever is less). Therapy for greater than 10 days or 20 syringes requires prior authorization.