



HEALTH CHOICE UTAH

PRIOR AUTHORIZATION REQUIREMENTS

SUBMITTING A PRIOR AUTHORIZATION REQUEST:

PHONE: 1-877-358-8797

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SPECIALTY SERVICES AND PROCEDURES REQUIRING PRIOR AUTHORIZATION OR NOTIFICATION

- Referrals to network specialists do not require authorization unless otherwise listed on this grid.
- Prior authorization is required for all non-participating providers and hospitals.

SPECIALTY/ PROCEDURE	PROVISIONS
Advanced Imaging	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. One screening ultrasound per pregnancy, all additional ultrasounds require a prior authorization
Ambulatory Surgery Center Admissions (Place of Service 24)	All procedures done at an Ambulatory Surgery Center require a Prior Authorization.
Bariatric/Gastric Procedures and Surgery	Prior Authorization is required for all procedures and consultation
Capsule Endoscopy	All Services
Cardiac Services	Cardiac surgical procedures, echocardiography, and nuclear stress tests, Cardiac Rhythm Monitors, Defibrillators Implantable & Wearable & Ventricular Assist Devices
Cosmetic, Plastic and Reconstructive Procedures (in any setting)	The following are not usually covered benefits, they include but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, circumcision, elective benign skin lesion removal, vein stripping and destruction etc.

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SPECIALTY/ PROCEDURE	PROVISIONS
Dialysis	Notification only
Durable Medical Equipment	Over \$500 in billed charges requires PA.
Experimental/Investigational Procedures	Not a covered benefit. PA Required.
Genetic Counseling and Testing	All services except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations
High Frequency Chest Wall Oscillation Vests/Percussion Vest	All Services –Limited benefit for Non-Traditional to EPSDT only
Home Health and Home Infusion	All services. Certain medications require prior authorization. See attached Pharmaceuticals Requiring Authorization list.
Hysterectomy	Hysterectomy is not covered for sterilization alone. Submission of the Hysterectomy Acknowledgment Form is required with the claim.
Hospice & Palliative Care	Notification Only
Inpatient Admissions	All Acute Hospital (including Maternity & Delivery), Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility
Maternal Fetal Medicine/Perinatology	All Services
Nerve Conduction Studies	Limited to only a Neurologist & no PA required
Neurologic Stimulation Devices	All Services
Neuropsychological, Developmental & Psychological Testing and Therapy	All Services for all ages except for organ transplant members
Non-Par Providers/Facilities	Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> • Emergency Department Services • Professional fees associated with ER visits, approved Ambulatory Surgery Center (ASC) or approved Inpatient stay • Family Planning • Child and Adolescent Health Center Services • County Health Department Services • Other services based on state requirements • Urgent Care
Nutritional Supplements	All Services
Outpatient Hospital (Place of Service 22)	No PA required unless the service is listed on this PA Grid

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SPECIALTY/ PROCEDURE	PROVISIONS
Pain Management	Including initial/new consults, sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants and acupuncture
Podiatry	All services require Prior Authorization.
Pregnancy	Notification only except PA is required for Pregnancy Terminations and treatment for spontaneous/missed abortions (ultrasound required)
Prosthetics/Orthotics	PA required for the following but is not limited to: <ul style="list-style-type: none"> • Orthopedic footwear/orthotics/foot inserts • Customized orthotics, prosthetics, braces • Bone anchored/Cochlear Implants <p>NOTE: Customized P&O requests need to be ordered by the referring physicians; services need to be provided by a contracted provider.</p>
Rehabilitation Therapies & Services	Physical Therapy and Occupational Therapy - PA is required for all services after the first evaluation and 5 follow up visits Occupational Therapy is only covered for EPSDT and pregnant members. Speech Therapy, Nutritional Therapy, Cardiac Rehabilitation & Pulmonary Rehabilitation - PA is required for all services
Routine Office-Based Procedures (Place of service 11)	Do not require authorization unless otherwise listed on this grid
Sleep Studies	All services
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.) <i>This does not include hysterectomy and hysteroscopic tubal occlusive devices.</i>	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.
Transplant Evaluation and Services	All Services including Solid Organ and Bone Marrow (Cornea transplant does not require authorization)
Unlisted, Miscellaneous By Report Codes	Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.
Wound Therapy	Hyperbaric Wound Therapy
Wound Vacs	All services

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.

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, 1 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 Epoprostenol)	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

¹Dalteparin (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.