



HEALTH CHOICE UTAH PRIOR AUTHORIZATION REQUIREMENTS

SUBMITTING A PRIOR AUTHORIZATION REQUEST:

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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 document.
- Prior authorization (PA) is required for all non-participating providers and hospitals.

SPECIALTY/ PROCEDURE	PROVISIONS
Advanced Imaging	Computerized Tomography (CT), Computerized Tomography Angiography (CTA), Magnetic Resonance Imaging (MRI), Magnetic Imaging Angiography (MRA), Nuclear Cardiology and Positron Emission Tomography (PET) require PA. Obstetric ultrasounds: <ul style="list-style-type: none"> • One routine screening ultrasound is covered per pregnancy. • Additional ultrasounds require PA--up to 10 covered in a 12-month period when diagnostic information is needed. • Incompetent cervix must be diagnosed with a transvaginal ultrasound. • Ultrasounds completed solely for obtaining a picture of the fetus or sex determination are not covered.
Ambulatory Surgery Center Admissions (Place of Service 24)	All procedures done at an Ambulatory Surgery Center require PA.
Bariatric/Gastric Procedures and Surgery	All procedures and consultation require PA.
Capsule Endoscopy	All services require PA.
Cardiac Services	Cardiac surgical procedures, echocardiography, and nuclear stress tests, Cardiac Rhythm Monitors, Implantable/Wearable Defibrillators, and Ventricular Assist Devices require PA.

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SPECIALTY/ PROCEDURE	PROVISIONS
Cosmetic, Plastic and Reconstructive Procedures (in any setting)	Typically non-covered benefits 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 vein ablation. Non-cosmetic medical indications for these procedures require PA.
Durable Medical Equipment	Over \$500 for a single item, in billed charges requires PA.
Experimental/Investigational Procedures and Treatments	These are not typically covered benefits. Clinical consideration of non-FDA approved procedures and treatments require submission of peer-reviewed evidence addressing risk and benefit.
Genetic Counseling and Testing	All services require PA except (1) tests performed for the prenatal diagnosis of congenital disorders by amniocentesis and (2) newborn genetic screening mandated by state regulations.
High Frequency Chest Wall Oscillation Vest, Chest Percussion Therapy Vest	All services require PA, but this is typically a benefit limited benefit to Traditional Medicaid only
Home Health and Home Infusion	All services require PA. Listed 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 admissions require PA.
Maternal Fetal Medicine/Perinatology	All services require PA.
Nerve Conduction Studies	Nerve conduction studies (i.e. EMG, NCV, SSEP, etc.) can only be performed by Neurologists and Physical Medicine and Rehab Physicians. <i>No PA is required.</i>
Neurologic Stimulation Devices	All services require PA.
Neuropsychological, Developmental & Psychological Testing and Therapy	All services require PA, except for organ transplant members.

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SPECIALTY/ PROCEDURE	PROVISIONS
Non-Participating Providers and Facilities	<p>Office visits, procedures, labs, diagnostic studies, inpatient stays require PA, except for:</p> <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 and products require PA.
Outpatient Hospital (Place of Service 22)	No PA is required unless the service is listed in this Prior Authorization Requirements document.
Pain Management	All services require PA, including but not limited to initial consultations, sympathectomies, neurotomies, injections, infusions, blocks, pumps, implants and acupuncture.
Podiatry	All consults, follow ups and procedures require PA, except for routine diabetic foot care.
Pregnancy	Notification only except PA is required for Pregnancy Terminations and treatment for spontaneous/missed abortions. Ultrasound is required prior to treatment.
Prosthetics/Orthotics	<p>All devices require PA including but not limited to:</p> <ul style="list-style-type: none"> • Orthopedic footwear, orthotics and shoe inserts • Customized orthotics, prosthetics and braces • Bone anchored and Cochlear Implants <p>NOTE: Customized requests need to be ordered by the referring physicians; services need to be provided by a contracted P&O provider.</p>
Rehabilitation Therapies & Services	<p>Physical Therapy and Occupational Therapy: After the first evaluation and 5 follow up visits, all services require PA.</p> <p>Occupational Therapy is only covered for EPSDT and pregnant members.</p> <p>Speech Therapy, Nutritional Therapy, Cardiac Rehabilitation & Pulmonary Rehabilitation: All services require PA.</p>
Routine Office-Based Procedures (Place of Service 11)	Services do not require authorization unless otherwise listed in this Prior Authorization Requirements document.
Sleep Studies	All services require PA.

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Sterilization by hysteroscopic tubal occlusive device.	Submission of the Utah Medicaid Hysteroscopic Tubal Occlusive Device Checklist and Consent For Sterilization Form is required with the claim.
Sterilization procedures, other, (i.e. vasectomy, tubal ligation, etc.), <i>not including</i> hysterectomy and sterilization by hysteroscopic tubal occlusive devices—see above.	Submission of the Consent For Sterilization Form is required with the claim. Sterilization does not require a determination of medical necessity when performed by a participating provider and at an in-network facility.
Transplant Evaluation and Services	All services require PA, including Solid Organ and Bone Marrow transplantation. Cornea transplant does not require PA.
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 requires PA.
Wound Vacs	All services require PA.

INPATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

All elective hospital admissions and procedures require prior authorization.

Emergency admits require notification within 1 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

SPECIALTY MEDICATION DESCRIPTION	CODE
Testopel, Therapeutic, prophylactic, or diagnostic injection ; subcutaneous or intramuscular	96372
Testopel, Subcutaneous hormone pellet implantation	11980
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
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
Renibizumab, 0.5mg (Lucentis)	J2778
Rimabototulinum Toxin B, 100 units (Myobloc)	J0587

PHARMACEUTICALS REQUIRING AUTHORIZATION

MEDICATION DESCRIPTION	J CODE
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 Aveed Injection, 1 mg *Code for 750 billing units per injection	J3145
Testosterone Aveed Injection undecanoate, 1 mg	C9023
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
Tocilizumab, 1mg	J3262
Triamcinolone, inhalation solution, compounded product, concentrated form, administered through DME	J7683
Unclassified Drugs	J3490
Unclassified Biologics	J3590
Unclassified Antineoplastic Drugs	J9999
Vedolizumab	J3380
Viscoelastics	J7320-J7328
Zoledronic Acid, 1 mg (Zometa)	J3487
Zoledronic Acid, 1 mg (Reclast)	J3488
Zoledronic Acid, 1 mg (Zometa)	J3489

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.