



Scott & White Health Plan Notification/Prior Authorization List

Effective December 1, 2019

(Does Not Include Non-Covered Services and Items)

IMPORTANT – Prior Authorization is not a guarantee of benefits or payment at the time of service. Remember, benefits will vary between plans, so always verify benefits.

See important Endnotes.

Prior Authorization List ver 2019_1201	BSWH Cigna-linked	Criteria or Medical Policy
Prior Authorization is required for ALL SERVICES to be provided by NON-CONTRACTED providers except for use of out-of-network benefits in PPO and POS products, unless required per listing below) See Endnote ⁵	See Endnote3	
Notification required for admission to these facilities/services (maybe be subject to concurrent review):		
Acute admissions to contracted hospitals (medical, surgical, behavioral health)	x	
Admission to contracted hospice programs (inpatient or outpatient)	x	
Notification required for DISCHARGE from all facilities	x	
Prior Authorization required for admission to facilities/programs listed below:		
Admissions to LTAC, Rehabilitation, and SNF facilities	x	
Admissions to behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP (not office visits to contracted providers)	x	

Procedures		
Abdominoplasty	x	083
Artificial disc implantation/replacement	x	EviCore®
Back surgery including spinal fusion, laminectomy, vertebroplasty, kyphoplasty, etc.	x	EviCore®
Bone growth stimulator (electrical) placement	x	EviCore®
Bone-anchored hearing aids (BAHA)	x	InterQual®
Cardiac imaging and other cardiology services (check code for PA requirement)	x	EviCore®
Cochlear implants	x	017
Cosmetic: procedures which may be considered cosmetic (e.g. face lift, brow lift, blepharoplasty, lid ptosis repair, liposuction, abdominoplasty, breast reconstruction, surgery for gynecomastia, rhinoplasty, genioplasty, treatment of varicose veins, etc.)	x	Varied
Deep brain stimulator placement	x	025
Dental services and anesthesia for dental services	x	026
External Counterpulsation (EECP)	x	221
Fetal Surgery	x	258
Fixed wing or jet medical transports and non-emergent helicopter	x	MD Review
Gastric pacing/stimulation	x	InterQual®
Genetic/genomic testing	x	037
GI imaging with capsule endoscopy	x	136
Home health services, including all requests for hourly nursing	x	InterQual®
Imaging – advanced (CT, MRI, PET, SPECT scan, etc.)	x	evi
Left Atrial Occlusion Procedure (Watchman)	x	InterQual®
Lung volume reduction surgery	x	InterQual®
Musculo-skeletal, joint, and pain management services - reviewed by eviCore®	x	EviCore®
Neuropsychological testing in excess of 10h for acute brain injury or epilepsy surgery, or in excess of 6h for other qualifying conditions.	x	InterQual®
Psychological testing in excess of 6h.	x	224



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Novocure™ (Optune®) Alternating Electrical Fields Therapy for glioblastoma	x	226
Orthognathic surgery	x	104
Private duty nursing services	x	208
Proton Beam Therapy	x	203
Sacral nerve stimulator	x	052
Spinal stimulator trial and placement	x	EviCore
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	x	204
Transcranial Magnetic Stimulation for Depression	x	240
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	x	129
Vagal nerve stimulator placement	x	InterQual®
Varicose veins: surgical treatment	x	InterQual®
Ventricular assist devices (VAD) or artificial heart	x	201
Weight loss (bariatric) surgeries, if a covered benefit (not covered by many plans)	x	InterQual®

Medical Drugs		
Brexanolone (Zulresso)	x	256
Caplacizumab (Cablivi)	x	255
Drugs that are high dollar and not listed elsewhere	x	Varied
Emapalumab (Gamifant)	x	254
Esketamine (Spravato)	x	257
Infliximab biosimilar: Inflectra® and Renflexis® REQUIRE Prior Authorization. Preferred Remicade® does NOT require Prior Authorization.	x	239
IVIg therapy	x	045
Kymriah (Tisagenlecleucel)	x	Oncology Analytics/241
Oncology (Adult): drugs/biologicals used in treatment of malignancies (Oncology Analytics to review for 18+ yr old)	x	Oncology Analytics/219
Sipuleucel-T (Provenge)	x	Oncology Analytics/246
Spinraza (Nusinersen)	x	230
Synagis (Palivizumab)	x	235
Talimogene Laherparepvec (Imlygic)	x	Oncology Analytics/245
Xofigo	x	Oncology Analytics/212
Yescarta (Axicabtagene ciloleucel)	x	Oncology Analytics/241
Zolgensma (Abeparvovec)	x	253

DME and Prosthetics		
Bone growth stimulators	x	InterQual®
Compression devices (select)	x	InterQual®
Custom made and specially sized wheelchairs and related equipment	x	InterQual®
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	x	133
Dialysis equipment	x	InterQual®



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Formula (enteral) Amino-acid based	x	Contract
High frequency chest wall oscillation air-pulse generator system	x	041
Lower and upper limb prosthetics (including myoelectric and microprocessor controlled) and related equipment/supplies	x	InterQual®
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	x	Varied
Cranial remolding orthotic	x	InterQual®
Oxygen delivery devices, concentrators, oximeters, etc.	x	InterQual®
Power operated vehicles and related equipment	x	InterQual®
Power wheelchairs and related equipment	x	InterQual®
Ventilators and related equipment	x	InterQual®

Endnotes:

¹This is for Commercial and ASO plans, with the exception of Baylor Scott & White Health Employee Plan (BSWHEP)

³This is for the Medicare Advantage and Vital Traditions plans

⁴This is for the insurance products linked to Cigna including: Baylor Scott & White Health Employee Plan (BSWHEP), and others

If the Service Provider is contracted with Cigna (but not Scott & White Health Plan), or if the Service Provider is an out-of-network Provider, please direct prior authorization requests to Cigna by calling (866) 494-4872

⁵No payment will be made for services, except Emergency Care, received in Federal facilities or for any items or services provided in any institutions operated by any state, government or agency when Member has no legal obligation to pay for such items or services; except, however, payment will be made to the extent required by law provided such care is approved in advance by a Participating Physician, Participating Provider and Medical Director. “

IQ = InterQual®

OA = Oncology Analytics

evi = eviCore®

There are services and procedures which are not covered by SWHP/ICSW. These are NOT on the prior authorization list since they are never covered. Coverage for procedures is explained in the Medical Policies.

The Medical Policy list can be found on our website at www.swhp.org: click on the “Providers” tab and then click on the “Prior Authorization Lists” hyperlink under “Important Message.” SWHP/ICSW has about 100 medical policies listed in alphabetical order. Please review this list for any procedure or services you provide and check before providing them to SWHP/ICSW members. Failure to do so will result in non-payment for the service or procedure (in the event that it is a non-covered benefit). The Health Services Department and Medical Directors will be happy to assist you with coverage questions. The toll free phone number is 1-844-655-5200 (CMS lines of business) or 1-888-316-7947 (all other lines of business).

Medicare Advantage and Vital Traditions (MAPD) Note: The above services rendered by participating providers require prior authorization by Scott and White Health Plan (SWHP)/ Insurance Company of Scott and White (ICSW). We also request notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate, meet traditional Medicare coverage criteria where applicable, and be rendered by in-network physicians/providers (unless otherwise authorized in advance) in order to be eligible for payment. All services rendered by non-contracted providers (except non-contracted Pathology, Anesthesiology, Radiology, Emergency Department and Assistant Surgeon physicians providing services in a contracted inpatient facility) must be prior authorized to receive full benefits. Claims will be reviewed to determine member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements. Benefits are determined by each Member’s plan. Authorization is not a guarantee of payment. Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website at www.swhp.org, clicking on the “Providers” tab and then clicking on the “Prior Authorization Lists” hyperlink under “Important Message.”

HMO Note: The following services require prior authorization by Scott and White Health Plan (SWHP). We also request notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate and meet SWHP coverage criteria where applicable, and be rendered by in-network physicians/providers



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(unless otherwise authorized in advance) in order to be eligible for payment. All services rendered by non-contracted providers (except non-contracted Pathology, Anesthesiology, Radiology, Emergency Department and Assistant Surgeon physicians providing services in a contracted inpatient facility) must be prior authorized to receive full SWHP benefits. Claims will be reviewed to determine member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements. Benefits are determined by each Member's plan. Authorization is not a guarantee of payment. Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website at www.swhp.org, clicking on the "Providers" tab and then clicking on the "Prior Authorization Lists" hyperlink under "Important Message."

PPO Note: The following services require prior authorization by Scott and White Health Plan (SWHP)/Insurance Company of Scott and White. We also request notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate and meet SWHP coverage criteria where applicable. Claims will be reviewed to determine Member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements. Benefits are determined by each Member's plan. Authorization is not a guarantee of payment. Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website at www.swhp.org, clicking on the "Providers" tab and then clicking on the "Prior Authorization Lists" hyperlink under "Important Message."