



## Scott & White Health Plan Notification/Prior Authorization List Effective March 15, 2018

Ver 2018\_0315

**(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.

	Commercial <sup>1</sup>	Medical Policy
<b>Prior Authorization is required for ALL SERVICES to be provided by NON-CONTRACTED providers</b> except for use of out-of-network benefits in PPO and POS products, unless required per listing below) See Endnote <sup>5</sup>	x	-
<b>Notification required for admission to these facilities/services (maybe be subject to concurrent review):</b>		
Acute admissions to contracted hospitals (medical, surgical, behavioral health)	x	-
Admission to contracted hospice programs (inpatient or outpatient)	x	-
<b>Notification required for DISCHARGE from all facilities</b>		
<b>Prior Authorization required for admission to facilities/programs listed below:</b>		
Admissions to LTAC, Rehabilitation, and SNF facilities	x	-
Admissions to behavioral health/substance abuse residential, partial hospitalization, and day programs (not office visits to contracted providers)	x	-
<b>Prior Authorization required for the procedures/services below (contracted and non-contracted providers):</b>		
Abdominoplasty	x	083
Applied behavioral analysis (ABA) therapy	x	206/232
Artificial disc implantation/replacement	x	061
Automated non-invasive nerve conduction testing	Not covered	015
Back surgery including spinal fusion, laminectomy, etc.	x	IQ
and vertebroplasty and kyphoplasty	x	084
Bone growth stimulators	x	IQ
Bone-anchored hearing aids (BAHA)	x	010
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	-
Deep brain stimulator placement	x	025
Dental services and anesthesia for dental services	x	026
Epidural adhesiolysis	x	031
External Counterpulsation (EECP)	x	221
Fixed wing or jet medical transports and non-emergent helicopter	x	-
Gastric pacing/stimulation	x	IQ
Gender reassignment surgery -- WITH ICD-10 F64.1	x	064
Genetic/genomic testing (except for testing performed in-house)	x	037
GI imaging with capsule endoscopy	x	136
Home health services, including all requests for hourly nursing	x	IQ
Intraoperative Neurophysiological Monitoring	x	234
Infliximab biosimilar: Inflectra <sup>®</sup> and Renflexis <sup>®</sup> REQUIRE Prior Authorization. Preferred Remicade <sup>®</sup> does NOT require Prior Authorization.	x	239
Intrathecal pain pump implantation	x	046
IVIg therapy (some)	x	045
Left Atrial Occlusion Procedure (Watchman)	x	222
Lung volume reduction surgery	x	IQ
Neuropsychological and psychological testing	x	224/IQ
NovocureTM (Optune <sup>®</sup> ) Alternating Electrical Fields Therapy for glioblastoma	x	226
Orthognathic surgery	x	104
Orthoptic and vision therapy	x	211
Private duty nursing services	x	208



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Prosthetics – See “DME and Prosthetics” section for specific items	x	-
Proton Beam Therapy	x	203
Sacral nerve stimulator	x	052
Spinal stimulator trial and placement	x	078
Spinraza (Nusinersen)	x	230
Synagis (Palivizumab)	x	235
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 stimulators	x	IQ
Varicose veins: surgical treatment and/or sclerotherapy	x	023
Ventricular assist devices (VAD)	x	201
Weight loss (bariatric) surgeries, if a covered benefit (not covered by many plans)	x	IQ
<b>Prior Authorization is required for the following DME, etc.:</b>		
Bone stimulators	x	IQ
Breast implants (unless status post medically indicated mastectomy)	x	
Breast pump (hospital-grade) rental	x	063
Custom made and specially sized wheelchairs and related equipment	x	
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	x	133
Dialysis equipment	x	
Electric, semi-electric, air fluidized, and advanced technology beds and related equipment	x	
Facial, nasal, and auricular prostheses	x	
Formula (enteral) Amino-acid based	x	
Functional electrical stimulation, transcutaneous stimulation of nerve and/or muscle groups, complete system	x	
Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, entire system	x	
High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment	x	041
Lower and upper limb prosthetics (including myoelectric and microprocessor controlled) and related equipment/supplies	x	
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	x	
Oral appliances	x	
Orthotic devices	x	
Oxygen and related equipment	x	
Power operated vehicles and related equipment	x	
Power wheelchairs and related equipment	x	
Spinal Cord Stimulators	x	078
Ventilators and related equipment	x	

**Endnotes:**

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

<sup>2</sup>This is for the SeniorCare

<sup>3</sup>This is for the Medicare Advantage and Vital Traditions plans

<sup>4</sup>This is for the Baylor Scott & White Health Employee Plan (BSWHEP) **\*\*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\*\***

<sup>5</sup>No 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®**



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**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](http://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).

**Senior Care, Medicare Advantage and Vital Traditions (MAPD) Note:** The above services rendered by participating providers require prior authorization by Scott and White Health Plan (SWHP) SeniorCare/ Insurance Company of Scott and White (ICSW) Vital Traditions Plan. 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](http://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 (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](http://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](http://www.swhp.org), clicking on the “Providers” tab and then clicking on the “Prior Authorization Lists” hyperlink under “Important Message.”