Scott and White Health Plan
Notification/Prior Authorization List
Effective January 1, 2021
(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 by plan, so always verify benefits.

See important endnotes.

Prior Authorization List ver 2020_0701	**Medicare Advantage[3]**	**Effective Date**
Prior Authorization is required for ALL SERVICES 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]	x	7/1/15
Notification required for admission to these facilities/services (maybe be subject to concurrent review): • Contracted hospitals for medical, surgical, behavioral health services • Contracted hospice programs (applies to inpatient and outpatient programs)	x	7/1/15
Notification required for DISCHARGE from all facilities	x	8/15/16
Prior Authorization required for admission to facilities/programs listed below: • Long-term Acute Care (LTAC), Rehabilitation and Skilled Nursing Facilities (SNF) • Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP (not office visits to contracted providers)	x	7/1/15

Procedures	**Medicare Advantage[3]**	**Criteria or Medical Policy**	**Eff Date**
Abdominoplasty	x	Medical Policy 083	8/15/16
Back surgery including spinal fusion, laminectomy, vertebroplasty, kyphoplasty, etc.	x	EviCore®	7/1/15
Bone growth stimulator (electrical) placement	x	EviCore®	7/1/15
Bone-anchored hearing aids (BAHA)	x	InterQual®	7/1/15
Cardiac imaging and other cardiology services (check code for PA requirement)	x	EviCore®	9/1/18
Cosmetic: procedures which may be considered cosmetic (e.g. face lift, brow lift, blepharoplasty, lid ptosis repair, liposuction, abdominoplasty, breast reconstruction and reduction, surgery for gynecomastia, rhinoplasty, genioplasty, etc.)	x	Medical Policy 263 and others	7/1/15
Deep brain stimulator placement	x	Medical Policy 025	7/1/15
Dental - anesthesia for dental services	x	Medical Policy 026	7/1/15
Fetal Surgery	x	Medical Policy 258	12/1/19
Fixed wing or jet medical transports and non-emergent helicopter	x	MD Review	7/1/15
Gastric pacing/stimulation		InterQual®	1/1/17
Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890	x	Medical Policy 064	8/15/16
Genetic/genomic testing	x	Medical Policy 037	7/1/15
GI imaging with capsule endoscopy	x	InterQual®	8/15/16
Home health services, including all requests for hourly nursing	x	InterQual®	7/1/15
Imaging – advanced (CT, MRI, PET, SPECT scan, etc.)	x	EviCore®	8/1/18
Intraoperative Neurophysiological Monitoring	x	Medical Policy 234	3/15/18
Left Atrial Occlusion Procedure (Watchman)	x	InterQual®	8/15/16
Lung volume reduction surgery	x	InterQual®	7/1/15
Musculo-skeletal, joint, and pain management services - reviewed by eviCore®	x	EviCore®	10/1/18
Psychological testing in excess of 6h (4h for pre-procedure testing).		Medical Policy 137 and 224	7/1/15
Novocure™ (Optune®) Alternating Electrical Fields Therapy for glioblastoma	x	Medical Policy 226	1/1/17
Obstructive Sleep Apnea procedures	x	Medical Policy 110 LCD L35396	6/1/20

Scott and White Health Plan
Notification/Prior Authorization List
Effective January 1, 2021
(Does Not Include Non-Covered Services and Items)

Procedures	**Medicare Advantage[3]**	**Criteria or Medical Policy**	**Eff Date**
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies (Oncology Analytics to review for 18+ yr old)	x	Oncology Analytics	4/1/18
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc. (Oncology Analytics to review for 18+ yr old)	x	Oncology Analytics	4/1/18
Orthognathic surgery		InterQual®	8/15/16
Orthoptic and vision therapy	x	Medical Policy 211	7/1/15
Private duty nursing services	x	Medical Policy 208	8/15/16
Proton Beam Therapy	x	Oncology Analytics	8/15/16
Sacral nerve stimulator	x	Medical Policy 052	7/1/15
Spinal stimulator trial and placement	x	EviCore®	7/1/15
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	x	Medical Policy 204	7/1/15
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	x	Medical Policy 129	7/1/15
Vagal nerve stimulator placement	x	InterQual®	7/1/15
Varicose veins: surgical treatment	x	InterQual®	8/15/16
Ventricular assist devices (VAD) or artificial heart	x	Medical Policy 201	7/1/15
Weight loss (bariatric) surgeries, if a covered benefit (not covered by many plans)	x	InterQual®	7/1/15
Medical Drugs (For medical benefit medications authorization and to view the current list of codes, log-in and utilize the Prior Authorization Code Lookup.) Note: all codes for each category have been on PA list prior to, but no later than Eff Date	**Medicare Advantage[3]**	**Criteria or Medical Policy**	**Eff Date**
Aminoglycosides	x	Medical Policy 215	11/1/19
Aminomethylcyclines	x	Medical Policy 215	9/1/19
Anticoagulants, Miscellaneous	x	Medical Policy 215	6/1/20
Antidepressants, Miscellaneous	x	Medical Policy 215, 256	2/1/20
Antidotes	x	Oncology Analytics Medical Policy215, 219	1/1/17
Anti-gonadtropins	x	Oncology Analytics Medical Policy215, 219	1/1/17
Anti-gout agents	x	Medical Policy 215	1/1/17
Antineoplastic Agents	x	Oncology Analytics InterQual® Medical Policy 215, 219	1/1/17
Antisense Oligonucleotides	x	Medical Policy 230, 237	5/1/17
Antithrombotic Agents, Miscellaneous	x	Oncology Analytics Medical Policy255	9/1/19
Antitoxins and Immune Globulins	x	InterQual® Medical Policy 045, 215	1/1/17
Azole Antifungals	x	Medical Policy 215	5/1/20
Blood Derivatives	x	Oncology Analytics InterQual® Medical Policy 045	1/1/21
Blood Formation, Coagulation, Thrombosis agents, Misc.	x	Medical Policy 215	6/1/20

Scott and White Health Plan
Notification/Prior Authorization List
Effective January 1, 2021
(Does Not Include Non-Covered Services and Items)

Medical Drugs (For medical benefit medications authorization and to view the current list of codes, log-in and utilize the Prior Authorization Code Lookup.) Note: all codes for each category have been on PA list prior to, but no later than Eff Date	**Medicare Advantage[3]**	**Criteria or Medical Policy**	**Eff Date**
Cell Stimulants and Proliferants	x	Oncology Analytics Medical Policy215	7/1/19
Central Nervous System Agents, Misc.	x	Medical Policy 215	3/1/19
Chimeric Antigen Receptor	x	Oncology Analytics Medical Policy241	6/1/18
Complement Inhibitors	x	Oncology Analytics Medical Policy215	1/1/17
Corticosteroids (EENT)	x	Medical Policy 215	1/1/17
Disease-Modifying Anti-rheumatic Agents	x	InterQual® Medical Policy 215, 239	1/1/17
EENT Drugs, Miscellaneous	x	InterQual® Medical Policy 215	3/1/20
Electrolytic, Caloric, Water Balance Misc,	x	Medical Policy 215	3/1/19
Enzymes	x	Oncology Analytics InterQual® Medical Policy 215, 238	1/1/17
Gene Therapy	x	Medical Policy 253	6/1/20
GI Drugs, Miscellaneous	x	InterQual® Medical Policy 215	5/1/20
Glycopeptide Antibiotics	x	Medical Policy 215	6/1/20
Gonadotropins	x	Oncology Analytics InterQual® Medical Policy 215, 219	1/1/17
Heavy Metal Antagonists	x	Medical Policy 215	3/1/20
Hematopoietic Agents	x	Oncology Analytics InterQual® Medical Policy 215, 219	1/1/17
Hemostatics	x	InterQual® Medical Policy 215	3/1/19
HIV Entry and Fusion Inhibitors	x	Medical Policy 215	3/1/19
Hormones	x	InterQual® Medical Policy 215	1/1/17
Immunocellular Therapy	x	Oncology Analytics Medical Policy241, 246	1/1/17
Immunomodulatory Agents	x	Oncology Analytics InterQual® Medical Policy 215	1/1/17
Immunosuppressive Agents	x	Oncology Analytics Medical Policy215, 254	1/1/17
Interleukin Antagonists	x	InterQual® Medical Policy 215	1/1/17
Monoclonal Antibody Antivirals	x	Medical Policy 235	7/1/17
Neurokinin-1 Receptor Antagonists	x	Oncology Analytics InterQual® Medical Policy 215	7/1/19
Other Miscellaneous Therapeutic Agents (For specific agents log-in and utilize the Prior Authorization Code Lookup.)	x	Oncology Analytics InterQual® Medical Policy 215	1/1/17
Pituitary	x	InterQual® Medical Policy 215	1/1/17
Protective Agents	x	Oncology Analytics Medical Policy215	7/1/19

Radioactive Agents	x	Oncology Analytics Medical Policy215, 219	7/1/19
Respiratory Tract Agents, Miscellaneous	x	InterQual® Medical Policy 215	1/1/17
Retinal Gene Therapies	x	Medical Policy 249	6/1/18
Skin and Mucous Membrane Agents, Misc.	x	InterQual® Medical Policy 215	1/1/17
Somatostatin Agonists	x	Oncology Analytics InterQual® Medical Policy 215	1/1/17
Vaccines	x	Oncology Analytics Medical Policy215, 219	7/1/19

DME and Prosthetics	**Medicare Advantage[3]**	**Criteria or Medical Policy**	**Eff Date**
Bone growth stimulators	x	InterQual®	7/1/15
Compression devices (select)	x	InterQual®	8/1/18
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	x	Medical Policy 133	7/1/15
Formula (enteral) Amino-acid based		Member's Evidence of Coverage (EOC)	6/1/18
High frequency chest wall oscillation air-pulse generator system	x	Medical Policy 041	7/1/15
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	x	Varied	7/1/15
Cranial remolding orthotic	x	InterQual®	10/1/19
Oxygen delivery devices, concentrators, oximeters, etc.	x	InterQual®	7/1/15
Power operated vehicles and related equipment	x	InterQual®	7/1/15
Power wheelchairs and related equipment	x	InterQual®	7/1/15
Ventilators and related equipment	x	InterQual®	7/1/15

Endnotes:

[1]For Commercial and ASO plans, with the exception of Baylor Scott & White Health Employee Plan (BSWHEP)

[3]For the Medicare Advantage and Senior Care plans

[4]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

[5] 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 the 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.

There are services and procedures which are not covered by Scott and White Health Plan or its subsidiaries. These are NOT on the prior authorization list because they are never covered. Coverage for procedures is explained in the Medical Policies.

The Medical Policy list can be found on our website at swhp.org: click on the "Providers" tab and then click on the "Prior Authorization Lists" link under "Important Message." Scott and White Health Plan 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 Scott and White Health Plan 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 assist you with coverage questions. The toll-free phone number is 1-844-655-5200 (Medicare lines of business) or 1-888-316-7947 (all other lines of business).

Scott and White Health Plan
Notification/Prior Authorization List
Effective January 1, 2021
(Does Not Include Non-Covered Services and Items)

Clinical Criteria are available upon request. A copy of the criteria used are available to providers via fax or mail based upon request. To request a copy of the clinical criteria, please call toll-free phone number is 1-866-334-3141 (Medicare lines of business) or 1-800-321-7947 (all other lines of business).

The listed services require prior authorization by Scott and White Health 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 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 Scott and White Health Plan before providing these types of services. This list is generally updated biannually but may change at any time. Please refer to the version currently in effect by visiting our website at swhp.org, clicking on the "Providers" tab, and then clicking on the "Prior Authorization Lists" link under "Important Message."

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: Services must 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 for the member to receive full in-network benefits.

* HMO products are offered through Scott and White Health Plan and Scott & White Care Plans. Insured PPO and EPO products are offered through Insurance Company of Scott and White. All are Texas registered insurance companies. Scott & White Care Plans and Insurance Company of Scott and White are wholly owned subsidiaries of Scott and White Health Plan. These companies will be referred to collectively in this document as Scott and White Health Plan.

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."