



# Prior Authorization Requirements

## Medical Procedures

Updated: 07/11/2019

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- Benefits are determined by the Member's plan. Items listed may have limited or no coverage.
  - Authorization is not a guarantee of payment. Payment is subject to member eligibility, benefit and provider contract on the date of service.
  - Providers both in and out of network are responsible for verifying eligibility and obtaining authorization for non-emergent services provided to AvMed Members when a prior auth is needed.
  - Members must be eligible on the date of service and the service must be a covered benefit.
  - Authorizations processed by AvMed must be requested on an Authorization Request form and submitted via fax or web portal.
  - The services listed below require an authorization from AvMed or a contracted delegate.
  - All Medicare and some Commercial plans require referrals to specialists.
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### How to Submit Authorization Requests

- **Home Health and certain DME items** require prior authorization. Authorizations are processed by the following delegates based on what county the member lives in. See section "Medical Equipment and Prosthetics/Orthotics reviewed internally by AvMed" for a list of items not reviewed by delegate.
  - **Integrated Health Care** for all counties except those listed below. Call 844.215.4264 or FAX to 844.215.4265.
  - **BayCare Home Care:** Hillsborough, Hernando, Pasco, Polk and Pinellas counties. Call 800.940.5151
  - Please contact Delegate for a list of items that are covered and/or require a prior authorization.
- **Behavioral Health and Substance Abuse Services** are authorized by Magellan Behavioral Health, Inc. (**Magellan**). Authorization may be requested by phone via AvMed's Behavioral Health Service Center powered by Magellan at 1.800.424.4810. PCP's may also call 800.424.4810 for a consultation. Web: [www.MagellanProvider.com](http://www.MagellanProvider.com).
- **Complex Radiology, Nuclear and Cardiac Medicine** in-office and outpatient setting
  - **Commercial:**
    - All reviewed by **NIA**. Visit the website at [www.RadMD.com](http://www.RadMD.com) or call 866.663.8387 to request authorization and access guidelines.
  - **Medicare:**
    - **Nuclear Cardiology and Cardiac MRI/CT:** Reviewed by **NCH** (New Century Health).
      - NCH website at <https://my.newcenturyhealth.com>; Phone: 888.999.7713; Fax 877.624.8807 option 1
    - **Complex Radiology:** Reviewed by **NIA**. Visit the website at [www.RadMD.com](http://www.RadMD.com) or call 866.663.8387 to request authorization and access guidelines.
- **Advanced Care Solutions** for Ostomy, Urology and Wound Care supplies Call: 800.748.1977, Fax: 877.748.1985 or Integrated Health/BayCare Home Care located above.
- **Radiation Oncology Authorizations are reviewed by NIA**
  - [www.RadMD.com](http://www.RadMD.com); Phone requests: 866.663.8387 for authorization, codes and to access guidelines. Fax request form to: 800.965.6286
- **Chiropractic:** Contact Chiro Alliance Call: 727.787.8387

## Medical Prior Authorization Requirements



- **Podiatry:** Contact PNS (Podiatry Network Services) Call: 844.222.3939
- **Dermatology: DNS (Dermatology Network Services) for Medicare Members only (Commercial requests processed by AvMed).**
  - Phone: 888.959.8714 or 305.667.8787
  - Fax: 305.667.8860
- **Specialty drugs – Novologix** (link to Novologix on AvMed.org Provider Portal)
- **All other prior authorizations** submit authorization requests to AvMed
  - **Web Portal:** [www.AvMed.org](http://www.AvMed.org); Sign in to AvMed Provider Portal; Post log-in: Select Medical Prior Authorization Request under the Prior Authorization section
  - **Fax:** AvMed prior authorization department at 1.800-552-8633. The prior authorization request form may be found on AvMed Provider Portal under quick links.

## Hospital/Skill Nursing Facilities

- All procedures outlined on this list below require prior authorization.
  - All Inpatient admissions for surgical and non-surgical stays.
  - Maternity and Newborn confinements.
  - Inpatient SNF (Skilled Nursing), LTAC (Long Term Acute Care) and Acute Rehabilitation facilities.
  - Behavioral Health/Substance Abuse Services for both inpatient and outpatient hospital services (including Partial Hospitalization and Intensive Outpatient Programs) require authorization by Magellan. Phone: 1.800.424.4810. Web site: [www.MagellanProvider.com](http://www.MagellanProvider.com)

## Chemotherapy Services (Location Office and Hospital)

- For all members please contact NovoLogix via the web-based online preauthorization tool for providers.
  - Link to Novologix is located on the AvMed.org Provider Portal
- A list of Medications reviewed by this vendor is available on the website.
  - For specialty drugs Log into Novologix via the AvMed Provider portal at [www.avmed.org](http://www.avmed.org)
  - For all other chemotherapy drugs, complete a Medical Prior authorization request form and fax to AvMed at 1.800.552.8633 OR submit via AvMed Authorization Portal at AvMed.org

## Medical Equipment and Prosthetics/Orthotics reviewed by AvMed not by an AvMed Delegate

- See below for a partial list of Medical Equipment and Prosthetics/Orthotics reviewed internally by AvMed.
- If item is not listed below and is not processed by a Home Health Delegate (IHCS or Baycare) please submit request to AvMed for review
  - Bone growth stimulators
  - Dynasplint
  - Home PT/INR Monitor
  - External Defibrillator (The Vest)
  - External prosthetic devices (excludes post-cancer breast prostheses)
  - Implanted devices including cochlear device and /or implantation
  - Insulin Pumps, Continuous glucose monitors and supplies
  - Lower limb prosthetics
  - Myoelectric prostheses
  - Negative Pressure Wound Therapy (Wound Vacuum Device)
  - Neurostimulators trial or implantation
  - Pain Pumps,
  - Prefabricated Orthotics (please call to verify member's coverage and authorization requirements)
  - Snore Guards (Oral appliances)
  - Wound Vacuums



**Diagnostic Tests** reviewed by NIA (National Imaging Associates) via [www.RadMD.com](http://www.RadMD.com)

**Laboratory Services**

- All Specialty Labs including Cologuard™
- Genetic Testing: does not include standard Down Syndrome and Cystic Fibrosis Screening when performed by contracted laboratory listed below
  - Quest Diagnostics All Florida Counties except as listed below 1-866-697-8378
  - Consolidated Laboratory Services Clay, Duval Nassau and St Johns Counties 904-308-5600
  - Florida Hospitals – North Florida Members
  - BayCare Hospital – Tampa Area

**Nuclear and Cardiac Imaging**

- Nuclear Medicine authorizations are handled by NIA (Commercial Members) or NCH (Medicare Members)
  - **NCH (New Century Health):** Website at <https://my.newcenturyhealth.com>; Phone: 888.999.7713; Fax 877.624.8807 option 1
  - **NIA:** [www.RadMD.com](http://www.RadMD.com) or call 866.663.8387 to request authorization and access guidelines.

**Surgical Procedures in Hospital or Ambulatory Surgery Center**

- All surgical procedures performed in a hospital or ambulatory surgery center setting require prior authorization EXCEPT those listed on the [AvMed Surgical No Authorization Required CPT Codes List](#) located on the AvMed.org Provider Portal.

**Reconstructive/Procedures that may be considered cosmetic; Examples include but limited to:**

- Abdominoplasty (excision of excessive skin due to weight loss)
- Blepharoplasty/Canthoplasty
- Mammoplasty, Breast Reconstruction
- Rhinoplasty
- Panniculectomy
- Penile implant
- Surgery for Varicose veins

**Out of Network Services**

- With the exception of emergency care, an authorization is required for all Out of Network (OON) services for Commercial and Medicare Members
- Second Medical Opinions by an out of network, out of service area, and non-contracted provider requires prior authorization
- Members with POS (point of service) and Choice benefits may not require prior authorization for some out-patient services
  - Please verify coverage and authorization requirements prior to services being rendered

**Outpatient Rehabilitative Services (Speech, Occupational, Physical and Habilitative Therapy)**

- **Rehabilitative: Physical, occupational and speech therapies** provided in an outpatient setting **does not require** prior authorization.
  - Home Health Care and Inpatient Rehab Services require authorization.
  - Provider must be in network for the member’s benefit plan.
  - Refer to member’s specific benefit plan for coverage, limitations, and referral requirements.



- **Habilitative Therapy:** Physical, occupational and speech therapies provided in an outpatient or home care setting are covered when provided to help a person keep, learn or improve skills and functioning for daily living. **Autism Services** are reviewed by Magellan Behavioral Health.
- **Physical Therapy modalities that are considered investigational** and not covered include, but are not limited to:
  - Interactive Metronome Program
  - Augmented Soft Tissue Mobilization
  - Kinesio Taping/Taping
  - MEDEK Therapy
  - Hands-Free Ultrasound and Low-Frequency Sound (Infrasound)
  - Hivamat Therapy (Deep Oscillation Therapy)

### Pain Management

- When service is provided by an outpatient provider/facility (ambulatory surgery center/hospital setting) including surgical procedures requires authorization.
- In office (location 11) with contracted Specialist does not require prior authorization.
- Implanted Pumps and Refills require prior authorization.

### Supplies

- Ostomy, urostomy and wound care supplies do not require authorization when provided by IHCS, Baycare or Advanced Care Solutions, if medical necessary.

### Wound Care requires authorization

- Hospital Inpatient and Outpatient setting
- Wound Vacuums/Negative Therapy Wound Management Systems
- HBO(Hyperbaric Oxygen Therapy)
- **Exception:** In office (location 11) procedures by an in-network provider does not require prior authorization

### Select items and services requiring authorization

- **Ambulance Services:** Air and Water transportation and non emergency transports require authorization. Refer to Member benefits for coverage and limitations.
- **Cardiac Rehabilitation:** Verify member benefits and coverage for authorization requirements.
- **Dialysis and related services**
- **Gender Reassignment Procedures and Surgery**
- **Hospice**
- **Diagnostic Testing for Infertility:** Hysteroscopy, Hysterosalpingogram, Sonohysterogram, Laparoscopy
- **Lymphedema Therapy**
- **Neuropsychology Testing:** for all out of network providers
- **Neurostimulators:** Includes Trial and Implantation
- **Ophthalmology:** Ophthalmology surgical procedures
- **Transplants** (includes but not limited to Kidney, Liver, Heart, Lung and Pancreas, Small Bowel, Stem Cell and Bone Marrow)
  - Pre-transplant, transplant and discharge services for all major organ transplant evaluations and transplants

### Investigational/Experimental Items and Non Covered Services

- **Any item or service potentially considered investigational or experimental** must be authorized in advance and may not be covered per Member's plan
- **Examples of Services** that may not be covered include but not limited to::
  - Magneto-encephalography (MEG),
  - Thermal Capsulorrhaphy,

## Medical Prior Authorization Requirements



- Chronic Intermittent Intravenous Insulin Therapy (CIIT),
- Platelet Rich Plasma & Fibrin Matrix (PRP),
- Percutaneous Tibial Nerve stimulation (PTNS),
- MLS Laser Therapy for Treatment of Pain,
- Breast Thermography/Breast Care DTS,
- Ligament Augmentation and Reconstruction LARS.
- Acoustic Rhinometry
- Cosmetic Services– surgical and non-surgical
- Custodial Care

**Note:** Services not included on the authorization list are subject to the coverage terms of the member's plan.