

# Prior Authorization Requirements

## Medical Procedures

Updated: 01-15-2021

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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.
  - The services listed below require an authorization from AvMed or a contracted Vendor, (exceptions may apply)
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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 below for list of Medical Equipment and Prosthetics/Orthotics reviewed by AvMed.
  - **Integrated Health Care** for all counties except those listed below. Call 844.215.4264 or FAX to 844.215.4265.
    - For Ostomy, Urology and Wound Care supplies [**new orders only**.]
  - **BayCare Home Care**: Hillsborough, Hernando, Pasco, Polk, and Pinellas counties. 800.940.5151
- **Advanced Care Solutions** for Ostomy, Urology and Wound Care supplies Phone: 800.748.1977, Fax: 877.748.1985 [**Previously serviced members only**]
- **Behavioral Health and Substance Abuse Services** are authorized by **Optum Behavioral Health** effective January 1, 2021. Authorization may be requested by phone via AvMed's Behavioral Health Service Center powered by Optum at the numbers listed below.
  - AvMed Medicare Advantage: 866.284.6989
  - AvMed Commercial: 866.293.2689
- **Complex Radiology Services & Nuclear Medicine**: are authorized by NIA. Visit the website at [www.RadMD.com](http://www.RadMD.com) or call 866.663.8387 to request authorization and access guidelines.
- **Cardiology (surgical) and Nuclear Cardiology** for Medicare Plan Members – please contact New Century Health (NCH) @ 1-888-999-7713 or <https://my.newcenturyhealth.com>
- **Dermatology Services** for Medicare Plan Members are authorized by (DNS) Dermatology Network Solutions. You may contact DNS by phone at 305-667-8787 or by Fax at 305-667-8860.
- **All other prior authorizations** submit authorization requests via fax to **AvMed** prior authorization department at 1.800.552.8633. The prior authorization request form may be found on the forms tab at [www.avmed.org](http://www.avmed.org)



### Hospital/Skill Nursing Facilities

- All procedures outlined on this list require prior authorization.
- All Inpatient admissions and Observation stay for surgical and non-surgical stays require authorization notification.
- Maternity and Newborn confinements require authorization.
- Inpatient SNF (Skilled Nursing), LTAC (Long Term Acute Care) and Acute Rehabilitation facilities require prior authorization.
- Behavioral Health/Substance Abuse Services for both inpatient and outpatient hospital services (including Partial Hospitalization and Intensive Outpatient Programs) require authorization by Optum. See above for contact information.

### Chemotherapy Services (OP Facility)

- For all members please contact NovoLogix via the web-based online preauthorization tool for providers. A list of Medications (office and O/P facilities) 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 requests, complete a Medical Prior authorization request form and fax to **1.800.552.8633**

### Medical Equipment and Prosthetics/Orthotics (see above for DME items processed by delegate)

- 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
- Implanted Pain Pumps,
- Prefabricated Orthotics (please call to verify member's coverage and authorization requirements)
- Snore Guards (Oral appliances)

### Diagnostic Testing are authorized by NIA (National Imaging Associates) via [www.RadMD.com](http://www.RadMD.com)

- Complex Radiological procedures in-office and Outpatient setting requires prior authorization
- CAT Scan, MRI, PET Scans, CT Angiography

### Nuclear and Cardiac Imaging

- Nuclear Medicine authorizations are handled by NIA for all products via [www.RadMD.com](http://www.RadMD.com)

### Laboratory Services

- All Specialty Labs
- Genetic Testing: does not include standard Down Syndrome and Cystic Fibrosis Screening when performed by capitated /contracted laboratory listed below.
  - Quest Diagnostics All Florida Counties except as listed below 866.697.8378
  - Consolidated Laboratory Services Clay, Duval, Nassau, and St Johns Counties 904.308.5600



### Surgical Procedures in Hospital or Ambulatory Surgery Center

- All surgical procedures in the hospital or ambulatory surgery center setting require prior authorization EXCEPT those listed on the AvMed No Authorization Required list of procedure Codes.

### Reconstructive/Procedures That May Be Considered Cosmetic (not a complete list of procedures)

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

### Out of Network Services

- Except for emergency care, an authorization is required for all Out of Network (OON) services for Commercial, Medicare and Individual plan members
- Second Medical Opinions by an out of network, non-contracted provider
- Members with POS and Choice benefits may not require prior authorization for some out-patient services.
  - Please verify coverage prior to services being rendered.

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

- **Rehabilitative physical, occupational and speech therapies** provided in an outpatient environment or home care setting are covered to improve or restore physical functioning following disease, injury or loss of a body part **does not require** prior authorization. Refer to members plan for any benefit limits.
- **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)
- **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 authorized by Optum (see contact information above Page 1)

### Pain Management

- When service is provided by an in-network outpatient provider /facility (ambulatory surgery center/hospital setting) including surgical procedures.
- Location 11 (in office) with contracted Specialist does not require prior authorization.

### Supplies

- Ostomy, urostomy and wound care supplies are covered when Medically Necessary.
  - Provision of ostomy and urostomy supplies is limited to a one-month supply every 30 days, and coverage is limited to \$2,500 per Calendar Year, subject to applicable Copayments and Coinsurance. Items which are not medical supplies, or which could be used by the Member or a family member for purposes other than ostomy care are not covered.



- o Wound care supplies are covered as part of an approved treatment plan, when one of the following criteria is met: treatment of a wound caused by, or treated by, a surgical procedure; or treatment of a wound that requires debridement

### Wound Care

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

### Select Items and Services

- **Ambulance Services:** Including air, land, and water for Emergency and Non-Emergency
- **Cardiac Rehabilitation:** Verify member benefits and coverage for authorization requirements.
- **Chiropractic:** Contact Chiro Alliance 727.787.8387
- **Dialysis and related services**
- **Gender Reassignment Procedures and Surgery**
- **Hospice**
- **Infertility Diagnostic Testing:** Hysteroscopy, Hysterosalpingogram, Sonohysterogram, Laparoscopy
- **Lymphedema Therapy**
- **Neuropsychology Testing:** for all out of network providers
- **Neurostimulators:** Includes Trial and Implantation
- **Ophthalmology:** See Ophthalmology Code List
- **Podiatry:** Contact PNS (Podiatry Network Services) 844.222.3939
- **Radiation Oncology** contact [www.RadMD.com](http://www.RadMD.com)
- **Transplants**
  - o Pre-transplant, transplant and discharge services for all major organ transplant evaluations and transplants
  - o Including but not limited to, Kidney, Liver, Heart, Lung and Pancreas, Small Bowel and Bone Marrow replacement or stem cell transfer after high dose chemotherapy.

### Investigational/Experimental Items and Non-Covered Services

- **Any item or service potentially considered investigational or experimental** must be authorized in advanced and may not be covered per members' plan.
- **Examples of Services** that may not be covered include but not limited to:
  - o Magnetoencephalography (MEG),
  - o Thermal Capsulorrhaphy,
  - o Chronic Intermittent Intravenous Insulin Therapy (CIIT),
  - o Platelet Rich Plasma & Fibrin Matrix (PRP),
  - o Percutaneous Tibial Nerve stimulation (PTNS),
  - o MLS Laser Therapy for Treatment of Pain,
  - o Breast Thermography/Breast Care DTS,
  - o Ligament Augmentation and Reconstruction **LARS**.
  - o Acoustic Rhinometry
  - o Cosmetic Services– surgical and non-surgical
  - o Custodial Care

\*\* Services not included on the precertification list are subject to the coverage terms of the member's plan.