Prior Authorization Requirements

Medical Procedures

Updated: 01-15-2021

- 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)

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](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)
Medical Prior Authorization Requirements

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

Nuclear and Cardiac Imaging
- Nuclear Medicine authorizations are handled by NIA for all products via 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
Medical Prior Authorization Requirements

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 outpatient 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.
Medical Prior Authorization Requirements

- 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.
- Lymphedema Therapy.
- Neuropsychology Testing: for all out of network providers.
- Neurostimulators: Includes Trial and Implantation.
- Podiatry: Contact PNS (Podiatry Network Services) 844.222.3939
- Radiation Oncology contact www.RadMD.com
- Transplants:
  - Pre-transplant, transplant and discharge services for all major organ transplant evaluations and transplants.
  - 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:
  - Magnetoencephalography (MEG).
  - Thermal Capsulorrhaphy.
  - Chronic Intermittent Intravenous Insulin Therapy (CIIT).
  - 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.

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