



To: All Prestige Health Choice Providers

From: Prestige Health Choice Provider Services and Utilization Management

Date: May 2, 2017

Subject: Prestige Health Choice prior authorization list update

Effective **August 1, 2017**, the Prestige Health Choice (Prestige) list of services requiring prior authorization has been updated. The number of services requiring prior authorization has been reduced. Please note that this change also allows for a higher dollar threshold before prior authorization is required for durable medical equipment (DME) services.

List of services requiring prior authorization

Benefit	Comment for new prior authorization requirement
Abortions, Elective	
Admissions – Inpatient	Includes surgical, medical, inpatient medical detoxification and rehabilitation; Obstetrical admissions and newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after caesarean section; Nursing facility for members under 18 years old.
Air Ambulance	
All Non-Participating/Out of Network Services	
Bariatric Surgery/Gastric Bypass	
Chemotherapy	For medications covered under the medical benefit, only medication with billed charges of \$250 or greater per line item require prior authorization.
Chiropractic Services	Under age 21 only.
Circumcision	Prior authorization is required if the member is more than 90 days old.

Benefit	Comment for new prior authorization requirement
Cochlear Implants/Implantation	
Dermatology	Only surgery/procedures that could be considered cosmetic require prior authorization.
Diapers and Pull-Ups	Limited to ages 4 through 20 when medically necessary; when quantity is over 200 per month; brand name diapers/pull ups; when supplied by DME provider.
DME and Supplies	All rentals and custom equipment; Purchase items with billed charges of \$750 or greater per line item. This includes non-custom orthotics.
Elective Transfers for IP and/or OP services between acute care facilities	
Enteral Feedings	Including related DME.
Gastric Bypass/Vertical Band Gastroplasty	
Home Health Services	Home physical therapy benefit is four visit limit per year for over age 21.
Hospice	Only for skilled nursing facility room and board.
Hyperbaric Oxygen Therapy	
Hysterectomy	
Implants	Prior authorization needed only when billed charges are \$750 or greater per line item.
Infusion/Injectables in Home	Prior authorization needed only when billed charges are \$250 or greater per line item.
Insulin Pumps	Considered under DME benefit.
Medications	Medications covered under medical benefit, including 17-P and all infusion/injectables, with billed charges of \$250 per line item or greater. For specific pharmacy medication authorization requirements, visit the Prestige website at www.prestigehealthchoice.com/provider/itn/resources/prior-authorization.aspx .
Oral-Maxillofacial Surgery	Provided through Argus, 1-855-371-3962.
Custom Orthotics and Prosthetics	All custom orthotics and prosthetics require prior authorization.

Benefit	Comment for new prior authorization requirement
Pain Management	External infusion pumps, spinal cord neurostimulators, implantable infusion pumps, radiofrequency ablation and nerve blocks.
Personal Care Services	When medically necessary for members under age 21.
Private Duty Nursing	When medically necessary for members under age 21.
Radiology – Advanced (CT, MRI, MRA, Pet Scans, nuclear cardiac imaging)	
Surgical Services that may be considered cosmetic	May include, but not limited to blepharoplasty, mastectomy for gynecomastia; mastopexy, maxillofacial, panniculectomy; penile prosthesis; reduction mammoplasty, septoplasty.
Therapy – PT, OT, ST (under age 21)	Yes for visits only, no prior authorization for evaluations.
Therapy – PT, ST (over age 21)	Yes for visits only, no prior authorization for evaluations. Limit is one evaluation and 12 visits per unique acute condition per calendar year.
Transplants	
Unlisted, miscellaneous and manually priced codes (including, but not limited to codes ending in “99”).	

The process to submit requests for prior authorization has not changed. You can continue to submit prior authorization requests

1. Online via the Availity website at **www.availity.com**.
2. By facsimile using the fax number at the top of the appropriate Prior Authorization Request form.
3. By phone at **1-855-371-8074**, for expedited requests only.

You will be advised if a service no longer requires prior authorization.

If you have questions about this communication, please contact your provider account executive or Provider Services at **1-800-617-5727**.