

# University of Arkansas

## Services requiring pre-authorization effective 1-1-2015

All pre-authorizations will apply to In and Out of Network Providers unless otherwise noted. Emergency services do not require a pre-authorization.

- In-Patient Hospitalizations
  - Maternity stays over 48 hours for normal delivery, 96 hours for a C-section
  - Transplant and related services
  - In-patient behavioral health including Residential Treatment Center
  - Skilled nursing facilities
  - Long term acute care and acute rehab
  - Inpatient admissions  
*(urgent or emergent admissions including those directly from the physicians' office require notification within 72 hours of admission)*
  - Home Health Care
  
- Durable Medical Equipment
  - Purchases over \$1500
  - Rentals over \$500 per month
  - Prosthetics over \$1000
  
- Nutritional Counseling over 1 visit (Must have BMI of 27 or greater for up to 3 additional visits) *Provider is to use the weight management physician attestation form to authorize level II.*
  
- Non-surgical weight loss, All Physician Supervised, (Must have BMI of 30 or greater) *Provider is to use the weight management physician attestation form to authorize level III.*
  
- Genetic Testing
  
- Special Radiation therapy/Radiotherapy, such as:
  - Stereotactic radiosurgery (Gamma Knife, CyberKnife)
  - Intensity Modulated Radiation Therapy (IMRT)
  - Brachytherapy
  - Proton Beam Therapy
  
- Sleep apnea surgery and/or treatment of snoring; such as:
  - Uvulopalatopharyngoplasty (UPPP)
  - Laser-assisted uvulopalatopharyngoplasty (LAUP)
  
- Implantable stimulators including but not limited to:
  - Neuromuscular stimulators
  - Bone growth stimulators
  - Dorsal column stimulators
  
- OP spinal procedures/OP Back procedures (including but not limited to):
  - Vertebroplasty
  - Kyphoplasty
  - Total Disk Arthroplasty – cervical or lumbar
  - Intervertebral disk prosthesis
  - Radio Frequency Ablation Codes

- Intrathecal pain pumps
- Special oral formula/Enteral feedings infant formula is covered for PKU only; enteral feedings are covered only if administered through a tube as the sole source of nutrition.
- Outpatient Hyperbaric Oxygen Treatment
- Clinical Trials
- Non-emergent outpatient diagnostic imaging services:
  - MRI
  - MRA
  - PET
  - CT
  - CTA
  - EBCT
  - Nuclear Studies
- Any surgery that could be considered potentially cosmetic including but not limited to:
  - Reconstructive surgery
  - Eyelid Surgery
  - Varicose vein surgery
- *The following injectibles:*
  - Synagis
  - Growth Hormone
  - IVIG
  - ESA (Erythropoiesis Stimulating Agents): Epogen, Procrit, and Aranesp
- Specific Outpatient Surgeries
  - Abortions
  - Accidental dental services/oral surgery/ Anesthesia and Facility Fees (when covered)
  - TMJ – Services for the diagnosis and/or treatment –covered under Point of Service Plans only
- Dialysis
- UMR to approve MRI Bone Marrow:
  - 1) Must have a diagnosis for which BMT is being considered;
  - 2) Must be performed at the Bone Marrow Center at UAMS;
  - 3) Must be done in relation to a BMT/stem cell transplant workup. Refer to CM.