

Medicare Prior Authorization List (HMO-SNP, HMO-MAPD)

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on Health Plan website
Updated 3/2019

Service Category	Services/Procedures
Acupuncture/Chiropractic	Medicare coverage for chiropractic services extends only to treatment by means of manual manipulation of the spine to correct a subluxation, provided such treatment is reasonable and medically necessary
Ambulance: Fixed Wing Non-emergent	Requires prior authorization before transport
Behavioral Health Services	Day Treatment Electroconvulsive Therapy (ECT) Inpatient Psychiatric Intensive Outpatient Therapy Neuropsychological Testing Partial hospitalization Psychological Testing Substance Abuse Disorder Treatment/Rehabilitation
Clinical Trials Notification Only	A clinical trial is one type of clinical research that follows a pre-defined plan or protocol
Cochlear Implants & Surgery	Provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea
Cosmetic Procedures/Dermatology	Includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body part Including, but not limited to the following: Chemical exfoliation, electrolysis Dermabrasion/chemical peel Laser treatment Skin injections and implants
Drug Testing	Quantitative tests for drugs of abuse
Durable Medical Equipment (DME)	BiPAP Bone Growth Stimulator Hospital Bed/Mattress Infusion Pumps Lift Devices including Hoyer TENS Units Vagus Nerve Stimulator Ventilators Wheelchairs, Custom Wheelchairs, Power Wound Vacuum (Negative Pressure) Devices
Enhanced External Counterpulsation (EECP)	Any item or service potentially considered investigational or experimental must be authorized in advance
Experimental/Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance

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Gender Reassignment Services	General term to describe a surgery or surgeries that affirm a person's gender identity
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins
Hospice: Notification only for Case Management (No Prior Authorization Required)	Home or Inpatient
Hyperbaric O2 Therapy	Includes HBO therapy administered in a chamber
Infertility	Drug Therapy, Testing, Treatment
Inpatient Admission	Acute Inpatient Hospital Inpatient Rehabilitation Hospital Long Term Acute Care Hospital (LTAC) Skilled Nursing Facility (SNF)
Neuropsychological Testing	Evaluations for members with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning
Nutritional Supplements and/or services	Formula administered via a enteral feeding tube
Observation Stay	Prior Authorization required if >48 hours
Orthotics/Prosthetics	<ul style="list-style-type: none"> Prosthetic devices needed to replace a body part or function when a doctor or other health care provider enrolled in Medicare orders them Limited coverage options for orthotic shoes and devices, including artificial limbs and eyes as well as braces for arms, legs, back, or neck, breast prostheses following a mastectomy
Outpatient therapy performed at free standing facility or outpatient hospital	Occupational Therapy (OT) Physical Therapy (PT) Speech-Language Therapy (ST) Requires authorization after 12 combined visits
Pain Management Authorization required, unless being performed as part of a surgery	Epidural Injections Facet Injections Median Branch Block Radio Frequency Ablation Trigger Point Sacroiliac joint injection (SI)
Radiation Therapy	Stereotactic radiotherapy Intensity modulated radiotherapy (IMRT) Proton beam therapy Neutron beam therapy

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Radiology Visit www.radmd.com except WI	MRI, MRA, PET Scan, CT, Cardiac Imaging PET MRA CT Cardiac Imaging
Sleep Studies	Surgery and treatment
Surgeries, regardless of place of service	Abortion Bariatric Surgery Blepharoplasty Breast Augmentation (except following mastectomy) Breast Reduction Capsule Endoscopy Chondrocyte Implants Cochlear Implant Excision of Lesion Facial Osteotomy Hysterectomy Joint Replacements Mastectomy for Gynecomastia Oral Surgery -- Temporomandibular Joint Surgery Otoplasty Reconstructive and Plastic Surgery Rhinoplasty Sacral Nerve Neuromodulation Scar Revision Septoplasty Spinal Surgeries including Fusion, Stabilization, Discectomy Uvulopalatopharyngoplasty/Uvolopharyngoplasty Veins (ablation, ligation, stripping, sclerotherapy) X-Stop: Spinal Surgery
Transplants	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search and transplant procedure

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Medicare Part B Drugs (Biopharmacy) Highlighted Drugs Require Step Therapy	Actemra®	Hemophilia	Ocrevus™	Solaris®
	Aldurazyme®	H.P. Acthar® Gel	Orencia®	Spinraza™
	Aralast®	Ilaris®	Probuphine®	Stelara®
	Benlysta®	Immune globulin	Prolastin®	Tysabri®
	Botox®	Krystexxa®	Provenge®	Ventavis®
	Brineura™	Lemtrada®	Radicava™	Visudyne®
	Cerezyme®	Lucentis®	Radiesse®	Vpriv™
	Cinqair®	Lumizyme®	Remicade®	Xeomin®
	Cinryze®	Macugen®	Remodulin®	Xolair®
	Dysport®	Myobloc®	Rituxan® (non Oncology only)	Zemaira®
	Eylea®	Myozyme®	Rituxan Hycela™	Zinplava™
	Exondys 51™	Naglazyme®	Self-injectables	
	Fabrazyme®	Nplate®	Sculptra®	
	Glassia™	Nucala®	Simponi® Aria™	

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered.

NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL SERVICES EXCEPT WHERE INDICATED.

Allwell is contracted with Medicare for HMO and HMO SNP plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.