Medicare Prior Authorization Requirements:  Effective March 1, 2016

Phone: 1-877-935-8022  Fax: 1-877-617-0394

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>All Out Of Network Services require Prior Authorization except emergency care, out-of-area urgent care, or out-of-area dialysis</td>
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| Ambulance                                              | • Fixed-wing aircraft  
• Non-emergency Transportation                                                             |
| Behavioral Health Services includes Substance Use Disorder | • Inpatient Psychiatric  
• Partial hospitalization  
• Psychological Testing  
• Neuropsychological Testing  
• Electroconvulsive Therapy (ECT)  
• Substance Use Disorder Treatment/Rehabilitation                                              |
| Clinical Trials-Notification Only                     | Please notify us of the Medicare Approved Clinical Trial by phone or fax at the numbers above.    |
| Cosmetic Procedures                                    | 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 member. (Medicare Definition) |
| Drug Testing                                           | Prior Authorization required for all Quantitative tests for drugs of abuse, EXCEPT for those conducted in the ER, inpatient hospital, urgent care locations OR those conducted in children less than 6 years old. |
| Durable Medical Equipment (DME)                        | Includes but not limited to:  
• Custom Wheelchairs  
• Power Wheelchairs  
• BIPAP  
• CPAP  
• Hospital Bed/Mattress  
• Lift Devices including Hoyer  
• Infusion Pumps  
• Oxygen  
• TENS Units  
• Ventilators  
• Wound Vacuum (Negative Pressure) Devices  
• Bone growth stimulator  
• Vagus nerve stimulator  
To determine if other DME codes require prior authorization, please refer to:  
http://www.sunshinehealth.com/for-providers/pre-auth-needed/medicare-pre-auth-needed/ |
| Experimental/Investigational Services                  | Any item or service potentially considered investigational or experimental must be authorized in advance. |
| Genetic Counseling and Testing                         | Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins. |
| Home Health Services                                   | Authorization is required per 60 day episode of care. Each episode will be reviewed for medical necessity and CMS coverage criteria. Home Health Services include the following:  
• Home IV Infusion  
• Home Health Aide  
• Occupational Therapy  
• Physical Therapy  
• Speech Therapy  
• Skilled Nursing Visits  
• Social Work Visits |
| Hospice                                                | Please notify us of outpatient or inpatient hospice by phone or fax at the numbers above.        |
| Hyperbaric Oxygen Therapy (HBO)                        | Includes HBO therapy administered in a chamber (including the one man unit) and is limited to certain conditions. |

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.
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### Service | Description
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Infertility | Includes the following:  
- Drug Therapy  
- Testing  
- Treatment

Inpatient Admission: Elective or Scheduled | • Acute Inpatient Hospital  
- Inpatient Rehabilitation Hospital  
- Long Term Acute Care Hospital (LTAC)  
- Skilled Nursing Facility (SNF)

Orthotics/Prosthetics | To determine if Orthotic and Prosthetic codes require prior authorization, please refer to:  
http://www.sunshinehealth.com/for-providers/pre-auth-needed/medicare-pre-auth-needed/

Observation Stay | Prior Authorization required if >48 hours

Outpatient therapy performed at free standing facility or outpatient hospital | • Occupational Therapy (OT)  
- Physical Therapy (PT)  
- Speech-Language Therapy (ST)  
- Pulmonary Rehab Therapy  
  Medicare has $1,900 cap for PT & ST combined, and $1,900 cap for OT, per calendar year

Pain Management | • Facet Injections  
- Trigger Point Injections  
- Epidural Injections

Medicare Part B Drugs | Please see Medicare Part B Prior Authorization List

Radiation Therapy | Includes but not limited to:  
- Stereotactic Radiotherapy  
- Intensity modulated radiotherapy (IMRT)  
- Proton Beam Therapy  
- Neutron Beam Therapy

Radiology: | TX, GA, OH, FL: Visit [www.radmd.com](http://www.radmd.com)  
- MRI  
- PET  
- MRA  
- CT  
- Cardiac Imaging: TEXAS and OHIO only

Sleep Studies | • Surgery  
- Treatment
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| Surgeries, regardless of place of service | • Abortion  
• Bariatric Surgery  
• Blepharoplasty  
• Breast Augmentation (except following mastectomy)  
• Breast Reduction  
• Cochlear Implant  
• Excision of Lesion  
• Facial Osteotomy  
• Hysterectomy  
• Joint Replacement  
• 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/Uvulopharyngoplasty  
• Veins (ablation, ligation, stripping, sclerotherapy) |
| 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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