

MODA HEALTH PRIOR AUTHORIZATION GUIDELINES - WASHINGTON

AUTHORIZATION INFORMATION

Authorization requests may be phoned in toll-free to 800-258-2037 or faxed to 503-243-5105.

AUTHORIZATION REQUEST REQUIREMENTS

The following information should be included with a prior authorization request

- All pertinent patient information (subscriber, ID #, group #, relation to subscriber, and patient's birth date)
- The name of the facility where the procedure is to be performed
- The date of the procedure or date of admission
- Full name of surgeon's or specialist
- CPT & ICD (numeric only) codes
- Length of stay (indicate if outpatient)
- Chart notes and any other supporting documentation

SERVICES THAT DO NOT REQUIRE AUTHORIZATION

- Aspiration
- Biopsies
- Bone mineral density studies, diagnostic
- Brachytherapy for breast cancer
- Cardiovascular Stress Test
- Colonoscopy with medical diagnosis (not virtual)
- Colonoscopy with routine diagnosis, including family history diagnosis (not virtual)
- Diabetic Shoes (unless less than \$500 and/or more than 1 pair per year)
- ECG, EKG
- Echocardiography
- EEG
- EMG CPT: 95870
- Hydration therapy
- Kidney dialysis
- Routine lab tests
- Needle biopsy
- Punch biopsy
- Trigger point injections
- Ultrasound
- X-rays

SERVICES THAT REQUIRE AUTHORIZATION

The following is a complete list of services and supplies that require authorization to determine medical necessity or plan benefit limitations.

COSMETIC PROCEDURES

Potentially cosmetic procedures may be an exclusion unless medical necessity has been established.

- Abdominoplasty
- Blepharoplasty and/or brow lift
- Botox injections
- Breast surgery - augmentation or reduction
- Dermabrasion
- Hormone related conditions
- Intralesional Injections (i.e., Kenalog)
- Laser treatment (except for retinopathy)
- Lipectomy
- Otoplasty
- Panniculectomy
- Port wine stain treatment
- Rhinoplasty
- Scar revisions (includes Kenalog injections)
- Silicone breast implant removal
- Varicose vein surgery/sclerotherapy

ORAL/MAXILLOFACIAL PROCEDURES

- TMJ surgeries
- TMJ surgical splints
- Treatment of dental accidents
- Orthognathic services

DIAGNOSTIC PROCEDURES

- Genetic Testing
- RAST allergy testing
- Positron emission tomography (PET) scans
- Single photon emission computed tomography (SPECT) scans
- CT scans,(including computed tomography angiogram (CTA)
- MRI (including MRA, MRS, MRM)
- Nuclear cardiology imaging studies
- fMRI
- Upper endoscopies
- Sleep studies
- Virtual colonoscopy

EQUIPMENT/BRACES/DEVICES/APPLIANCES/SUPPLIES

- Airway clearance devices (chest percussors, vests, etc.)
- Augmentative communication device and system
- Bone growth stimulator
- Braces/Orthotics over \$3,000 (except custom-made foot orthotics)
- Continuous glucose monitor
- Custom compression stockings over \$500
- Custom/special seating system
- Custom wheelchair (also repairs over \$500)
- Dynasplint/JAS (or other mechanical stretching device)
- Enteral feedings/nutritional formulas
- External wearable cardiac defibrillator
- Gradient pressure aid
- Hospital bed
- Insulin pump
- Intrapulmonary percussive ventilation
- INR Monitor, for home use
- Light box
- Low air loss products
- Muscle stimulator
- Nebulizer, portable over \$300
- Oxygen (initial certification only)
- Patient lift
- Phototherapy lights (for dermatologic diagnosis)
- Power wheelchair/scooter (also repairs over \$500)
- Prosthetics (except breast prosthetics)
- Sonic Accelerated Fracture Healing System
- Spinal cord stimulator
- Trapeze
- Wound vac (including wound warming cover)

EAR/NOSE/THROAT PROCEDURES

- Cochlear implantation/removal
- Otoplasty
- Rhinoplasty
- Septo-rhinoplasty
- Uvulopalatopharyngoplasty (UPPP)/Uvulectomy

EXPERIMENTAL OR INVESTIGATIONAL

- Active Cooling Devices (i.e., Game Ready)
- Anodyne Therapy System
- Automated, noninvasive nerve conduction study (e.g. NC-Stat)
- Balloon Sinuplasty (as standalone)
- Micronutrient Testing
- Mobile Outpatient Cardiac Telemetry (MOCT)
- Nucleoplasty
- Ossatron/Orthotripsy/ESWT

- procedure)
- Bronchial Thermoplasty (Alair)
- Carotid Sinus Baroreflex Stimulation System (Rheos)
- Computer Assisted Navigation for musculoskeletal procedures
- Cryoablation of Breast Fibroadenomas
- Dynamic spine stabilization (Dynesys)
- ExMI (Extracorporeal Magnetic Innervation)
- Intradiscal Electrothermal Therapy (IDET)
- High Density Lipid Profile
- Home Interferential Muscle Stimulator
- Microcurrent Stimulators (MENS) (e.g. Alpha Stim unit)
- (extracorporeal shock wave therapy)
- Platelet Rich Plasma Injections
- Prolotherapy
- Percutaneous Lumbar Discectomy and Laser- assisted Disc Decompression
- Quantitative Sensory Testing
- Saliva Hormone Testing
- Sublingual Immunotherapy (SLIT)
- Somnoplasty™/Coblation
- Tissue Grafts/Mesh (Biologic engineered from human or xenograft source)
- Thermal Imaging/Thermography
- Transcranial Magnetic Stimulation
- Vertebral Axial Decompression

HOME SERVICES

- Home health services
- Home infusion services
- Hospice care
- Long-term facility care
- Palliative care

IMMUNOTHERAPY/ALLERGY AND INJECTIONS

Prior authorization is required for more than 56 units of CPT 95165 (56 units = 2 treatment sets at 28 doses per treatment set)

IMMUNIZATIONS

- Zostavax for under age 60
- Rabies Vaccine

INFUSION SERVICES (OUTPATIENT)

New FDA approved drugs are subject to review and may be subject to additional coverage requirements or limits established by the Plan.

- Ado-trastuzumab (Kadcyla)
- Agalsidase Beta (Fabrazyme)
- Alglucosidase Alfa (Lumizyme)

- Alpha 1 Proteinase Inhibitor (GLASSIA)
- Amevive Infusion
- Belimumab (Benlysta)
- Bendamustine (Treanda)
- Bevacizumab (Avastin)
- Brentuximab (Adcetris)
- Bortezomib (Velcade)
- Cabazitaxel (Jevtana)
- Carfilzomib (Kyprolis)
- Cetuximab (Erbix)
- Eribulin Mesylate (Halaven)
- Denosumab (Xgeva and Prolia)
- Golimumab (Simponi Aria)
- Ipilimumab (Yervoy)
- Iron
- Intravenous Immune Globulin (IVIG)
- Octreotide (Sandostatin)
- Omacetate Mepesuccinate (Synribo)
- Orelvekin
- Paclitaxel Protein Bound (Abraxane)
- Palonosetron (Aloxi)
- Pamidronate (Aredia)
- Panitumumab (Vectibix)
- Pegloticase (Krystexxa)
- Pemetrexed (Alimta)
- Pertuzumab (Perjeta)
- Provenge (Sipuleucel-T)
- Reclast and Zometa (Zoledronic acid)
- Remicade Infusion
- Rituximab (for rheumatoid arthritis)
- Soliris
- Stelara (Ustekinumab)
- Tocilizumab (Actemra)
- Trastuzumab (Herceptin)
- Tysabri (Natalizumab)
- Ziv-Aflibercept (Zaltrap)

INJECTABLES

New FDA approved drugs are subject to review and may be subject to additional coverage requirements or limits established by the Plan.

- Aflibercept (Eylea)
- Aranesp
- Arixtra
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Enbrel
- Forteo
- Growth Hormone
- Hepsara
- Hydroxyprogesterone Caproate (Makena)
- Humira
- Epogen
- Ranibizumab (Lucentis)
- Infergen
- Intron A
- Kineret
- Pegasys
- Peg-Intron
- Rebetrone
- Rebig
- Remodulin
- Somavert
- Synagis
- Xolair
- Neupogen
- Leukine
- Neulasta
- Pegaptanib Sodium (Macugen)

INPATIENT STAY - ALL ADMISSION

Including substitution of care for hospitalization or other institutional expenses

INPATIENT REHABILITATION

LONG TERM CARE FACILITY AFTER HOSPITALIZATION

PAIN MANAGEMENT

- Epidural pain pump insertion
- Multidisciplinary pain team evaluation at Progressive Rehab
- Spine injections for chronic back pain
- Spinal Cord Stimulator (trial and permanent placement)
- Synvisc, Supartz, Hyalgan, Orthovisc, Euflexxa Injections (all viscosupplementation)

PEDIATRIC DENTAL CARE

- Periodontal scaling and root planing for ages 13 and older
- Periodontal maintenance for ages 13 and older

- Stainless steel crowns for primary anterior teeth for ages 13 and older
- Metal/ porcelain crowns and porcelain crowns on anterior teeth

PHARMACETICAL

Self-administered anti-cancer medications.

Certain prescription drugs and/or quantities of prescription drugs may require prior authorization. A complete list of drugs that require prior authorization is available on myModa or by contacting Customer Service.

In addition to those drugs included in the current prior authorization list on myModa, prior authorization is required for:

- Retail prescriptions with a net cost over \$1,000 for a 30-day supply
- Mail-order and specialty prescriptions with a net cost over \$3,000
- Compounded medications with a net cost over \$150 for a 30-day supply
- Claims for drugs purchased outside of the United States and its territories other than for emergency or urgent care situations
- Early refill of drugs for travel outside of the United States more than once every 6 months

REHABILITATIVE AND RECUPERATIVE SERVICES

Outpatient visits for physical therapy, occupational therapy, and speech therapy require authorization prior to the 26th visit.

Chronic illness programs, including but not limited to programs listed below, require prior authorization:

- Cardiac rehabilitation
- Pulmonary rehabilitation
- Multidisciplinary pain team evaluation at progressive Rehab

REPRODUCTIVE SERVICES

- DNA testing
- Genetic testing

RESIDENTIAL PROGRAMS FOR CHEMICAL DEPENDENCY AND MENTAL HEALTH

SKILLED NURSING FACILITY

SURGERY – ALL INPATIENT ELECTIVE SURGERIES AND PROCEDURES

SURGERY/TREATMENT – OUTPATIENT

- All outpatient surgeries on this prior authorization list
- Cartilage Transplants of the knee
- Capsule Endoscopy
- Circumcision after 3 months of age
- Eye surgery for cataracts with implant of intraocular telescopic lens
- Hyperbaric Oxygen Therapy
- Neck/back/spine surgeries
- Prophylactic surgery (e.g. mastectomy)
- Thoracic Sympathectomy (for hyperhidrosis)
- Kyphoplasty/Vertebroplasty
- Stereotactic Radiosurgery (ie Gamma Knife)
- Outpatient Arthroscopies
- Hip, knee, shoulder surgeries

TRANSPLANTS

- All transplants except cornea
- Donor services