

SWMC Employee Health Plan – Updated 11/1/09

Prior Authorization Requirements

Medical Management & Case Management Services administered by Columbia United Providers

The following is a list of services that require authorization to determine medical necessity or plan benefit limitations. Even though a service is not listed or is listed below, coverage may be limited. Contact Loomis at 866-793-7221 for benefit limitations and exclusions. To receive the higher level of benefit, services must be performed by a SWMC provider or by a PHCS contracted provider.

How to obtain a prior authorization:

Fill out a SWMC Employee Health Plan Prior authorization form and fax to 360-449-8949 with supporting documentation. If you have an urgent request, please fax the information over and then contact 360-449-8903 to notify us of the urgent request.

Cosmetic and Reconstructive Procedures

Dialysis

Durable Medical Equipment/Orthotics

- DME items over \$500 per line item
- DME rental items if the purchase price would be over \$500
- All orthotics regardless of billed amount

Experimental and Investigational procedures

General anesthesia for dental services

Genetic testing and counseling

Home Health

Hospice

Injectables/Infusions – see separate Medical Benefit Drug Prior authorization list.

*****Please note that prior authorization is required for any drug that is over \$500*****

All Inpatient Admissions including:

- Planned inpatient surgical procedures
- OB admissions (notification of admit – once we have been notified of initial admission then no further PA required)
- Inpatient Rehabilitation admissions

Neurodevelopmental therapies for children < 6 years old

Neuropsychological testing

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Nuclear Imaging

- CT/CTA scans
- MRI/MRA scans
- PET scans
- Nuclear Cardiology tests

Oral/Dental/Orthognathic Procedures

Organ and Bone Marrow transplants - including pre-transplant evaluations and HLA typing

Services and Procedures without specific CPT codes - unlisted services and procedures

Skilled Nursing Facility admissions

Surgical procedures

- Bariatric Surgery
- Cervical, thoracic and lumbar surgeries
- Cosmetic and Reconstructive procedures
- Nasal Procedures
- Oral/Dental/Orthognathic Procedures
- TMJ procedures
- Uvulectomy, uvulopalatopharyngoplasty (UPPP), laser assisted uvulopalatoplasty (LAUP)

Vaccinations – see list below

CPT Code	Drug Name – Brand Name	Authorization requirements
90649, 90650	Gardasil – HPV Vaccination	Authorization required for members under the age of 11 and over the age of 26
90632	Hepatitis A	Authorization required for adult dosage only
90636	Hepatitis A/B Combo	Authorization required for adult dosage only
90733	Menommune - Meningococcal polysaccharide vaccine	
90736	Zostavax – Shingles Vaccination	Members need to obtain a RX from the ordering physician and be referred to SWMC Outpatient Pharmacy/Infusion Center for it to be covered. No authorization required by CUP if done through SWMC Outpatient Pharmacy/Infusion Center for members age 60 and above.