

Effective January 14, 2008

PREAUTHORIZATION REQUIREMENTS

The following services require pre-authorization for commercial managed care products, Medicare, Univera Community Health, Family Health Plus and Child Health Plus and certain PPO products. These services require pre-authorization regardless of the place of service. Revisions are shaded in grey.

Preauthorization Requirements	Commercial Managed Care and Medicare Products, Healthy New York HMO and Active Univera PPO	Univera Community Health, Family Health Plus Child Health Plus
Abdominoplasty	Required	Required
Air Ambulance (Non-Emergent)	Required	Required
Anesthesia for Dental Surgery	Required	Required
Autologous Chondrocyte Implantation	Required	Required
BRCA Testing	Required	Required
Blepharoplasty	Required	Required
Breast Implant Insertion, Removal, Reinsertion (except for breast cancer diagnosis)	Required	Required
Breast Reduction Surgery	Required	Required
Cardiac Rehabilitation	Required	Required
Circumcision, when rendered beyond six months of age	Not Required	Required
Cochlear Device Implant	Required	Required
Congenital Chest Wall Deformity	Required	Required
Contact Lenses	Not Required	Required
CT Scans	* Required	Required
Day Treatment (Behavioral Health)	Required	Required
Deep Brain Stimulation	Required	Required
Dental Treatment Due to Accidental Injury	Required	Required
Preauthorization Requirements	Commercial Managed Care and Medicare Products, Healthy New	Univera Community Health, Family Health Plus Child Health Plus

	York HMO and Active Univera PPO	
Dermabrasion	Required	Required
Developmental Testing	Not Required	Required
Durable Medical Equipment	<p>* Required for all equipment over \$1500 and for the following equipment regardless of price:</p> <ul style="list-style-type: none"> • Accelerated Fracture Healing Devices (Bone Growth Stimulators) • Airway Clearance Devices • Automatic External Defibrillator (AED) and Wearable Defibrillator Vest (WCD) for Home Use • CPAP • Investigational and experimental equipment • Oral Appliances for the treatment of Sleep Related Breathing Disorders • Oxygen • Power Operated Vehicles • Standers / Standing Devices • Wheelchairs • Wound vacuum • All MISC. and Unlisted Codes 	<p>Required for all equipment over \$200 and for the following equipment regardless of price:</p> <ul style="list-style-type: none"> • Accelerated Fracture Healing Devices (Bone Growth Stimulators) • Airway Clearance Devices • Automatic External Defibrillator (AED) and Wearable Defibrillator Vest (WCD) for Home Use • CPAP • Investigational and experimental equipment • Oral Appliances for the treatment of Sleep Related Breathing Disorders • Oxygen • Power Operated Vehicles • Standers / Standing Devices • Wheelchairs • Wound vacuum • All Misc. and Unlisted Codes
Electroconvulsive Therapy (ECT)	Not Required	Required
Enhanced External Counterpulsation (EECP)	Required	Required
Gastric Bypass (Bariatric procedures)	Required	Required
Genetic Testing	Not Required	Required
Home Care	* Required	Required
Home Infusion	* Required	Required
Preauthorization Requirements	Commercial Managed Care and Medicare Products, Healthy New	Univera Community Health, Family Health Plus Child Health Plus

	York HMO and Active Univera PPO	
Hyperhidrosis Surgery	Required	Required
Implantable Bone Conduction Hearing Aid	Required	Required
Inpatient Admissions (except emergency & routine Maternity) to any facility including hospital, acute rehab, skilled nursing, behavioral health and substance abuse, including Hospital to Hospital Transfers	* Required	Required
Intensive Outpatient Behavioral Health Treatment	Required	Required
Keloid Scar Revision	Required	Required
LVAD (left ventricular assist device)	Required	Required
Medical Specialty Drugs https://www.univerahealthcare.com/wps/portal/uv/prv/drg/specialty	Required. Follow the link to the left view our Medical Specialty Drug Preauthorization Requirements	Required. Follow the link to the left view our Medical Specialty Drug Preauthorization Requirements)
MRA	* Required	Required
MRI	* Required	Required
Neuropsychological Testing	Required	Required
Non-Participating Providers	Required	Required
Orthopedic / Orthotic Devices (excluding Custom knee Braces)	Required for all "L" codes over \$1500. (EXCLUDES Custom Knee Braces. All custom Knee braces require Preauthorization)	Required for all "L" codes over \$1500. (EXCLUDES Custom Knee Braces. All custom Knee braces require Preauthorization)
Osteochondral Bone Graft	Required	Required
Otoplasty	Required	Required
Palatopharyngoplasty	Required	Required
Partial Hospitalization (Behavioral Health)	Required	Required
PET Scan (Positron Emission Tomography)	* Required	Required
Prosthetic Devices	Required for Miscellaneous and Unlisted "L" Codes.	Required for Miscellaneous and Unlisted "L" Codes.
Psychological Testing	Required	Required
Pulmonary Rehabilitation	Required	Required
Preauthorization Requirements	Commercial Managed Care and Medicare Products, Healthy New York HMO and Active	Univera Community Health, Family Health Plus Child Health Plus

	Univera PPO	
Pulmonary Vein Isolation and Ablation as Treatment of Atrial Fibrillation	Required	Required
Radiofrequency Tumor Ablation	Required	Required
Rhinoplasty	Required	Required
Sacral Nerve Stimulation for Pelvic Floor Dysfunction	Required	Required
Sclerosing Injection	Required	Required
Sleep Apnea Studies	Not Required	Required
Spinal Cord Stimulation	Required	Required
Therapy (PT, OT, SP) treatments and procedures	Required	Required
Transmyocardial Revascularization	Required	Required
Transplants	Required	Required
Vagus Nerve Stimulation	Required	Required
Vein Ligation	Required	Required
Ventricular Assist Devices	Required	Required
Vision Therapy	Required	Required
Wireless Capsule Endoscopy for Examination of GI Tract	Required	Required

NOTE: This list is not inclusive of all procedures requiring preauthorization. Please verify specific coverage requirements before rendering services.

Some services including behavioral health and substance abuse are not covered benefits under Healthy New York HMO.

*** For Medicare PPO, only these services require preauthorization.**

Some member contracts may have other restrictions. Not all contracts include all benefits. Payment is based on member contract benefits, eligibility and medical necessity at the time of service. The provider delivering the service is responsible for ensuring that the required preauthorization has been obtained

Claims will process according to the member's benefit plan on the date of service. Failure to obtain the necessary preauthorization may result in the denial of the claim or reduced payment allowance.