

Services requiring prior authorization

When services requiring prior authorization are necessary for a member, the health care professional/provider should contact Select Health Medical Services toll free at 1-888-559-1010 (843-764-1988 in Charleston).

Providers may not bill members for services which require prior authorization and the authorization was not obtained, resulting in denial of the claim. The provider is responsible for obtaining prior authorization.

Authorization is not a guarantee of payment. Other limitations or requirements may apply. Prior authorization requirements also pertain to secondary claims.

Services that require prior authorization

Prior authorization is required but not limited to certain services as indicated below. These requirements are inclusive of secondary coverage.

- Advanced outpatient imaging* - (Nuclear cardiology, MPI; CT, CTA, MRI, MRA)
- Air ambulance (retrospectively reviewed)
- Behavioral health (Psychological and neuropsychological testing; electroconvulsive therapy; environmental intervention; interpretation or explanation of results; unlisted psychiatric services and inpatient services)
- Cardiac rehabilitation
- Chiropractic (all services)
- Circumcision (unless prior to delivery discharge)
- Contact lenses, including dispensing fee
- DAODAS services (bundled services and some discrete services)
- Diagnostics (capsule endoscopy, MEG, neuropsychological testing)
- Durable medical equipment, DME (billed charges \$500 and over, total per item; includes prosthetics and orthotics)
- Durable medical equipment leases and rentals
- Enteral nutritional supplements and supplies
- Holter monitors (event recorder monitors)
- Home health care (required after first 6 visits)
- Home infusions (including injections \$250 and greater; if medication is approved so is the administration)
- Hyperbaric oxygen
- Hysterectomy (Consent for Sterilization and Surgical Justification Forms are required)

- Inpatient admission (including back transfers)
- Non-participating health care professional/provider (all services including urgent care and office-based laboratory)
- Medications (infusions/injectibles chemotherapy, PO and IV, Vitraset, Synagis)
- Outpatient maternity/OB services
 - Obstetrical outpatient services, admissions, observations, diabetic education and abnormal newborn deliveries
 - Services rendered by specialists for obstetrical patients (i.e. maternal fetal medicine, endocrinologist, cardiologist, etc.)

Outpatient surgical services

- - Ablation
 - Blepharoplasty
 - Chemodenervation
 - Cochlear implants (insertion and programming)
 - Gastric bypass
 - Vertical band gastroplasty
 - Implants
 - Mastectomy for gynecomastia
 - Mastopexy
 - Maxillofacial
 - Panniculectomy

- Penile prosthesis
- Plastic surgery/cosmetic dermatology
- Reduction mammoplasty
- Septoplasty
- Pain management services (external infusion pumps, implantable infusion pumps, spinal cord neurostimulators, radiofrequency ablation and nerve blocks)
- PET scans* - 2/year
- Plastic surgery/cosmetic dermatology (see specific codes)
- Therapy services: **physical and occupational therapies** (evaluation, re-evaluation and first 48 units do not require prior authorization, per discipline)
- Therapy, services: **speech therapy**
 - Private therapy: authorization required for all services (after initial evaluation/re-evaluation)
 - Facility-based therapy: evaluation, re-evaluation and first 48 units do not require prior authorization.
- Transplants (complete corneal transplant services, pre-transplant services provided prior to 72 hours of actual transplant and post-transplant services)
- Therapeutic abortions (Clinical documentation & Abortion statement required)
- Thoracolumbosacral Orthosis (TLSOs – back braces)
- Unlisted and Category III codes
- Unlisted/miscellaneous DME items (regardless of cost)
- Unlisted surgical procedures
- Wheelchair parts (manual and power)

**Advanced Outpatient Imaging (Nuclear cardiology, MPI; CT, CTA, MRI, MRA, PET scans) - prior authorizations administered by National Imaging Associates (NIA) 1-800-424-4895*

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Services that DO NOT require authorization

- Emergency ground transport – ALS, BLS
- Emergency room services
- In-network eyeglasses, including refraction and fitting fee
- In-network gynecological and specialty physician office visits
- Sterilizations (Consent for Sterilization form is required)
- X-rays

Services that require notification

- Crisis intervention (behavioral health)
- Normal newborn deliveries
- Observation (up to 24 hours)

