

2017

UHA Prior Authorization Grid

Please Note:

1. Services not reflected on this authorization grid do not require authorization.
2. All services must be medically necessary, subject to OHP regulations. If a service performed is not covered by OHP or an additional benefit offered by UHA, the claim will be denied as a non-covered service per OHP criteria. An approved authorization is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity.
3. UHA requires a prior authorization for ALL out-of-network services.

Authorization is required for the following services/procedures

Inpatient Hospital/Residential Services
Inpatient Hospital / Partial Hospitalization / Acute Rehabilitation/Psychiatric Inpatient Hospital / Residential
Skilled Nursing Facility Services
All SNF Services
Outpatient Hospital and Ambulatory Surgery Center Services
Outpatient surgical procedures provided in hospital outpatient setting or Ambulatory Surgery Center require prior authorization, including Hyperbaric Oxygen Therapy
Physical /Occupational / Speech Therapy Services
Requires prior authorization after the first 10 visits per discipline per plan year
Chiropractic and Acupuncture
A covered benefit ONLY for diagnoses of Scoliosis and Conditions of the Back and Spine
Requires prior authorization and Primary Care Provider referral
Outpatient Diagnostic and Therapeutic Radiology Services Diagnostic Services – Radiology
ALL MRI and MR

Diabetic Supplies

PA is required for diabetic supplies that **exceed** the coverage guidelines below:

- **Insulin-dependent:** up to 100 test strips and lancets every month, and one (1) lancet device every six (6) months.
- **Members who are non-insulin dependent,** up to 100 test strips and lancets every three (3) months, and one (1) lancet device every 6 months.

Durable Medical Equipment (DME), Prosthetics/Medical Supplies

All DME rentals

DME purchases exceeding **\$500.00 (billed amount per item for ALL vendors)**

Prosthetics/Medical Supplies purchases **exceeding \$500.00**
(billed amount per item for ALL vendors)

ALL Enteral / Parenteral Feeding Supplies

ALL incontinence supplies

Comprehensive Dental Services

Facility fees and anesthesia services for dental services provided in an Ambulatory Surgery Center, Hospital or Office setting under general anesthesia

Genetic Testing

Injectable & Infused Medications (**effective thru 12/31/17**)

The following CPT codes require a prior authorization:

J0129	J0840	J1740	J3095	J7302	J7504	J9043	J9226	J9305	Q0167
J0130	J0850	J1742	J3101	J7311	J7506	J9155	J9228	J9306	Q0169
J0132	J0875	J1743	J3240	J7313	J7511	J9171	J9245	J9307	Q0180
J0133	J0878	J2353	J3243	J7316	J7512	J9176	J9265	J9308	Q2043
J0135	J1070	J2354	J3380	J7320	J7686	J9178	J9266	J9310	Q2050
J0153	J1080	J2355	J3385	J7321	J7999	J9179	J9268	J9315	Q3027
J0207	J1185	J2357	J3396	J7323	J9032	J9185	J9293	J9395	Q4074
J0348	J1190	J2358	J3489	J7324	J9033	J9202	J9295	J9400	Q5102
J0475	J1439	J2425	J3490	J7325	J9034	J9205	J9299	Q0162	
J0585	J1447	J2426	J7297	J7326	J9040	J9211	J9301	Q0163	
J0586	J1451	J2430	J7298	J7327	J9041	J9217	J9302	Q0164	
J0740	J1453	J3090	J7301	J7503	J9042	J9225	J9303	Q0166	

Injectable & Infused Medications (effective 1/1/2018)

The following CPT codes require a prior authorization:

J0129	J0596	J1325	J1743	J2504	J3315	J7193	J9019	J9215	J9315
J0135	J0597	J1438	J1745	J2505	J3355	J7194	J9020	J9217	J9325
J0178	J0598	J1439	J1786	J2507	J3357	J7195	J9032	J9218	J9328
J0180	J0630	J1442	J1817	J2562	J3380	J7196	J9033	J9225	J9330
J0202	J0638	J1447	J1830	J2680	J3385	J7197	J9034	J9226	J9352
J0220	J0641	J1458	J1833	J2760	J3486	J7198	J9035	J9228	J9354
J0221	J0712	J1459	J1930	J2778	J3490	J7199	J9041	J9245	J9355
J0256	J0714	J1460	J1931	J2786	J3590	J7311	J9042	J9261	J9357
J0257	J0717	J1556	J1942	J2793	J7175	J7313	J9043	J9262	J9371
J0270	J0775	J1557	J1950	J2794	J7178	J7316	J9047	J9264	J9395
J0275	J0800	J1559	J2010	J2796	J7179	J7330	J9050	J9266	J9400
J0485	J0878	J1560	J2020	J2820	J7180	J7340	J9055	J9268	Q0167
J0490	J0881	J1561	J2170	J2840	J7181	J7504	J9145	J9271	Q2043
J0570	J0885	J1566	J2182	J2860	J7182	J7527	J9155	J9295	Q2050
J0571	J0887	J1568	J2212	J2940	J7183	J7686	J9171	J9299	Q3027
J0572	J0888	J1569	J2315	J2941	J7185	J7999	J9176	J9301	Q4074
J0573	J0890	J1572	J2323	J3060	J7186	J8565	J9179	J9302	Q5101
J0574	J0894	J1575	J2353	J3110	J7187	J8597	J9202	J9303	Q5102
J0575	J0897	J1595	J2355	J3121	J7188	J8650	J9205	J9305	
J0585	J1290	J1599	J2357	J3145	J7189	J8655	J9207	J9306	
J0586	J1300	J1600	J2440	J3243	J7190	J8670	J9212	J9307	
J0587	J1322	J1602	J2502	J3262	J7191	J8999	J9213	J9308	
J0588	J1324	J1675	J2503	J3285	J7192	J9017	J9214	J9310	

The following CPT codes are excluded from coverage:

J0400	J1631	J3470	J3473	J7323	J7326
J0401	J2358	J3471	J7320	J7324	J7327
J1630	J2426	J3472	J7321	J7325	