University of Arkansas

Pre-Authorization List

FINAL (3.7.13)

* In-Patient Hospitalizations
  + Maternity stays over 48 hours for normal delivery, 96 hours for a

C-section

* + Transplant and related services
  + In-patient behavioral health
  + Skilled nursing facilities
  + Long term acute care and acute rehab
  + Inpatient admissions

*(urgent or emergent admissions including those directly from the physicians’ office, require notification within 72 hours of admission)*

* + Home Health Care
* Durable Medical Equipment
  + Purchases over $1500
  + Rentals over $500 per month
  + Prosthetics over $1000
* Nutritional Counseling over 1 visit (Must have BMI of 27 or greater for up to 3 additional visits*) Provider is to use the weight management physician* attestation *form to authorize level II*
* Physician Supervised, Non-surgical Weight Loss (Must have BMI of 30 or greater) *Provider is to use the weight management physician attestation form* to *authorize level III*
* Genetic Testing
* Special Radiation therapy/Radiotherapy, such as:
  + Stereotactic radiosurgery (Gamma Knife, CyberKnife)
  + Intensity Modulated Radiation Therapy (IMRT)
  + Brachytherapy
  + Proton Beam Therapy
* Sleep apnea surgery and/or treatment of snoring; such as:
  + Uvulopalatopharyngoplasty (UPPP)
  + Laser-assisted uvulopalatopharyngoplasty (LAUP)
* Implantable stimulators including but not limited to:
  + Neuromuscular stimulators
  + Bone growth stimulators
  + Dorsal column stimulators
* OP spinal procedures/OP Back procedures including but not limited to:
  + Vertebroplasty
  + Kyphoplasty
  + Total Disk Arthroplasty – cervical or lumbar
  + Intervertebral disk prosthesis
* Intrathecal pain pumps
* Special oral formula/Enteral feedings infant formula is covered for PKU only; enteral feedings are covered only if administered through a tube as the sole source of nutrition.
* Outpatient Hyperbaric Oxygen Treatment
* Clinical Trials
* Non-emergent outpatient diagnostic imaging services:
  + MRI
  + MRA
  + PET
  + CT
  + CTA
  + EBCT
  + Nuclear Studies
* Any surgery that could be considered potentially cosmetic including but not limited to:
  + Reconstructive surgery
  + Eyelid Surgery
  + Varicose vein surgery
* High dollar Injectable therapy, except Insulin including but not limited to:
  + Synagis
  + Growth Hormone
  + IVIG
  + ESA (Erythropoesis Stimulating Agents): Epogen, Procrit, and Aranesp
* Specific Outpatient Surgeries
  + Abortions
  + Accidental dental services/oral surgery/ Anesthesia and Facility Fees (when covered)
  + TMJ – Services for the diagnosis and/or treatment –covered under Point of Service Plans only