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