



Services Requiring Prior Authorization 2018

Definitions:

Medical Necessity: To be medically necessary, covered services must:

- Be rendered in connection with an injury or sickness;
- Be consistent with the diagnosis and treatment of your condition;
- Be in accordance with the standards of good medical practice;
- Not be for your convenience or your physician's convenience and
- Not be considered experimental or investigative;

Prior Authorization: Notification requesting coverage is required before receipt of certain designated services, elective admission to a hospital or facility, or specific medications prescribed for certain uses. Participating facilities need to notify the Medical Management Department at OSU Health Plan within 48 hours of an urgent/emergent admission. Providers need to provide clinical documentation to OSU Health Plan at least five business days prior to a specified outpatient or elective inpatient procedure. Failure to obtain prior authorization for these designated services can result in penalty or denial of benefits.¹

Requesting Prior Authorization:

Providers must contact OSU Health Plan Medical Management department prior to services being provided at (614) 292-4700 or (800) 678-6269, within 48 hours for urgent/emergent and 15 business days prior to elective admissions/procedures¹. Clinical documentation must be faxed to 614-292-2667 and should include all the following information:

- Procedure requested
- Diagnosis
- Physician and Facility
- Date of Service
- Medical record documentation to support medical necessity (such as patient history, progress notes, conservative treatment(s) failed, etc.)

Claims submitted with unlisted procedure and unlisted medication codes will require documentation to identify what procedure/medication/item is being billed. These claims are also subject to medical necessity review.

Prior Authorization Requirements:

The table below outlines the services that require Prior Authorization (PA) for OSU Health Plan members. This list will be updated as needed. Providers are responsible for verifying eligibility and benefits before providing services to OSU Health Plan members. Except for an emergency, failure to obtain prior authorization for these designated services can result in penalty or denial of benefits.²

Please note that this list is not all-inclusive. We receive requests for coverage for new technologies, equipment, supplies, tests and procedures daily. All experimental and investigational services and cosmetic services are specifically excluded under the OSU Medical Plans.



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Behavioral Health	Home Health Care Inpatient Hospitalization Intensive Outpatient Programs Partial Hospitalization Psych & S/A – Outpatient Residential Treatment
Diagnostic	Genetic Testing Ultrasound, Elastography
Medical	Extended Care Facility Inpatient Hospitalization Home Health Care Hospice Skilled Nursing Facility
Medical Supplies	DME & Medical Supplies Orthotics & Prosthetics
Medications (Medical Benefit)	<p>Medications > \$15,000 Oral, Inhalation and Subcutaneous – please submit through Pharmacy benefit for outpatient dispensing and any prior authorization requirements. Certain IM/IV drugs also restricted to pharmacy benefit.</p> <p>Autologous Chondrocyte Implantation Blood Conditions (Nplate, Promacta) Botulinum Toxin CAR T-cell Therapy Off- Label Chemotherapy Growth Deficiency Hemophilia Hepatitis C Hereditary Angioedema Hypercholesterolemia (Juxtapid, Kynamro, Praluent, Repatha) Immune Deficiency Infertility Inflammatory Conditions (such as Actemra, Entyvio, Inflectra, Orencia, Remicade, Renflexis, Rituxan) Misc. Drugs – Abilify Mycite, Acthar, Benlysta, Emflaza, Exondys 51, hydroxyprogesterone caproate, Krystexxa, Lioresal, Makena, Mepsevii, Myalept, Radicava, Sandostatin, Signifor, Soliris, Somatuline Depot, Spinraza, Xiaflex, Zinplava Multiple Sclerosis Ophthalmic (Eylea, Lucentis, Macugen) Osteoporosis (Forteo, Prolia, Tymlos) Pulmonary Hypertension Respiratory (Aralast, Cinqair, Glassia, Prolastin C, Synagis, Zemaira) Testosterone products</p>



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Surgery and Procedures	Abdominoplasty/ Panniculectomy Abortion Back Pain - Invasive Procedures Blepharoplasty/ Ptosis Repair Breast Reconstruction/ Repair Bronchial Thermoplasty Breast Reduction Surgery and Gynecomastia Surgery Chemical Peel & Dermabrasion Cosmetic Procedures Frenectomy Gender Reassignment Hernia Repair Infertility Treatment Neurostimulators Orthognathic Surgery Pectus Excavatum & Poland Syndrome Procedures for Obstructive Sleep Apnea Rhinoplasty Skin Procedures (Also see Cosmetic section) Sterilization Reversal Varicose Veins Weight Loss Surgery
Other	Dental Experimental, such as: Temporary Codes ³ Unlisted Codes ³

Additional Resources:

For a list of medications requiring prior authorization through the pharmacy benefit, please visit <https://hr.osu.edu/wp-content/uploads/rx-prior-auth.pdf>

Please refer to the Specific Plan Details Document found at <https://hr.osu.edu/wp-content/uploads/medical-spд.pdf> for specific benefit information and plan limitations.

Internal OSU Health Plan medical policies can be accessed online at www.osuhealthplan.com/forms-and-downloads. Please note, medical technology is constantly evolving and clinical UM guidelines are subject to change without notice. Additional clinical UM guidelines may be developed from time to time and some may be withdrawn from use. Members and providers should contact a customer services representative for specific coverage information.

¹ Scheduled C-sections and certain breast reconstruction procedures do not require clinical documentation prior to admission. C-sections will require clinical information if the stay exceeds 4 days. Breast reconstruction procedures will require clinical information prior to admission unless billed with ICD-10 C50.011 - C50.929, C79.81, D05.00 - D05.92, Z85.3, Z80.3, and/or Z90.10 - Z90.13.

² Prior authorization (see osuhealthplan.com/providers, Prior Authorization) of certain designated services is required to determine medical necessity. If prior authorization, where indicated, is not obtained from OSU Health Plan, claims for these services may be denied or a penalty applied consisting of 20% of the fee, up to \$1,000 per admission of service. Prior authorization penalties do not apply toward the annual or annual out-of-pocket limit.

³ Prior authorization is not required. However, all temporary and unlisted codes will be reviewed for appropriate coding and medical necessity retrospectively. If a procedure may be considered experimental, cosmetic and /or not medically necessary, the provider may submit a request for prior authorization to OSUHP for review. The determination will be for medical necessity only, as the use of the temporary and unlisted code will still require review by Coresource for appropriate coding.



THE OHIO STATE UNIVERSITY

HEALTH PLAN

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