

## Services Requiring Preauthorization in 2009 University of Virginia Health Plan

The following services, surgeries, and procedures require preauthorization for High Premium and Low Premium Programs when using either in-network or out-of-network providers. **This list is subject to change. Please call Customer Service for the most current list.**

- Automatic Internal Cardiac Defibrillator (AICD)
- Behavioral Health and Substance Abuse Services: Inpatient Behavioral Health Services or Substance Abuse Treatment or Rehabilitation\*
- Bi-ventricular Pacemaker
- Clinical Trials
- CT Scans
- Dental Treatment for Dental Accidents
- DEXA Scans Received by Members under the Age of 60 (e.g. Bone Scans)
- Durable Medical Equipment (DME): all rentals of DME and purchase of DME costing over \$250 (except ostomy supplies)
- Genetic Testing and Genetic Counseling
- Home Health Care (Nursing, Infusion, Respiratory, etc.)
- Hospital Observation Stays
- Injectable and Self-Administered Injectable Drugs, if Covered under Medical and Surgical Benefits Instead of Prescription Drug Benefits
- Inpatient Admission Stays: includes Acute, Skilled Nursing Facility Care and Inpatient Hospice
- Intensity-Modulated Radiation Therapy (IMRT)
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiogram (MRA)/Positive Emission Tomography (PET Scan)
- Non-emergency Ambulance Transportation
- Nonimplanted Prosthetic Devices
- Nuclear Imaging Performed in Conjunction with Exercise Stress Testing
- Outpatient Surgery (Hospital or Freestanding Surgical Center)
- Pain Management Services/Program, including Epidural Steroid Injections
- Polysomnograms (Sleep Apnea Studies)
- Prenatal Services - Notification Only
- Psychological or Neuropsychological Testing
- Rehabilitative Services: includes Cardiac Rehabilitation, Pulmonary Rehabilitation, Physical, Occupational, or Speech Therapy whether received inpatient or outpatient
- Services Related to Identifying the Cause of Infertility
- Transplant Consultations, Evaluations, and Testing/Transplant Procedures
- Specific CPT or HCPCS Codes listed on the back of this document regardless of place of service

\*Preauthorization must be requested from the contracted mental health vendor which is listed on the back of member ID card.

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In addition, the following specific services require preauthorization regardless of the place of service.

<b>CPT or HCPCS Code</b>	<b>Description</b>
<b>77520, 77522, 77523, 77525</b>	<i>Proton Treatment Delivery</i>
<b>76977</b>	<i>Ultrasound bone density measurement and interpretation, peripheral site (s), any method</i>
<b>96000</b>	<i>Comprehensive computer-based motion analysis by video-taping and 3-D kinematics</i>
<b>96001</b>	<i>Comprehensive computer-based motion analysis by video-taping and 3-D kinematics with dynamic plantar pressure measurements during walking</i>
<b>96004</b>	<i>Physician review and interpretation of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written reports</i>
<b>93025</b>	<i>Microvolt T-wave alternans for assessment of ventricular arrhythmias</i>
<b>93701</b>	<i>Thoracic Electrical Bioimpedance</i>
<b>93760</b>	<i>Thermogram; cephalic</i>
<b>93762</b>	<i>Thermogram; peripheral</i>
<b>95250</b>	<i>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording.</i>
<b>95251</b>	<i>Physician interpretation and report for 95250</i>
<b>96920 - 96922</b>	<i>Laser treatment for inflammatory skin disease (psoriasis)</i>
<b>Category Three Codes (CPT codes ending in "T")</b>	<i>Temporary codes for emerging technology</i>
<b>G0166</b>	<i>External Counterpulsation, per treatment session</i>
<b>G0302 – G0305</b>	<i>Preoperative pulmonary surgery services for the preparation for LVRS, complete course of services</i>
<b>M0075</b>	<i>Cellular Therapy</i>
<b>M0076</b>	<i>Prolotherapy</i>
<b>M0100</b>	<i>Intragastric hypothermia using gastric freezing</i>
<b>M0300</b>	<i>IV Chelation therapy (chemical endarterectomy)</i>
<b>M0301</b>	<i>Fabric wrapping of abdominal aneurysm</i>
<b>Q3031</b>	<i>Collagen skin test</i>
<b>S0345 –S0347</b>	<i>Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including physician review and interpretation</i>
<b>S2107</b>	<i>Adoptive immunotherapy, i.e., development of specific antitumor reactivity (e.g. tumor-infiltrating lymphocyte therapy) per course of treatment</i>
<b>S3650</b>	<i>Saliva test, hormone level; during menopause</i>
<b>S3652</b>	<i>Saliva test, hormone level; to assess preterm labor risk</i>
<b>S3708</b>	<i>Gastrointestinal fat absorption study</i>
<b>S3900</b>	<i>Surface electromyography (EMG)</i>
<b>S3902</b>	<i>Ballistocardiogram</i>
<b>S3904</b>	<i>Masters two step</i>
<b>S3905</b>	<i>Noninvasive electrodiagnostic testing with automatic computerized hand-held device to stimulate and measure neuromuscular signals in diagnosing and evaluating systematic entrapment neuropathies</i>
<b>S9015</b>	<i>Automated EEG monitoring</i>
<b>S9025</b>	<i>Omniscardiogram/ cardiointegram</i>
<b>S9090</b>	<i>Vertebral axial decompression, per session</i>
<b>U256</b>	<i>Experimental Drugs</i>

**Please Note:** Not all of the above are covered benefits. Confirmation of benefits and eligibility is required at the time services are rendered, not only when they are preauthorized.