

**Prior Authorization List**

Last revised – November 2018

HealthFirst (HMO/POS) Commercial and Health Choice (PPO), Nevada and Texas

Visit [www.prominencehealthplan.com](http://www.prominencehealthplan.com) for updates

SERVICES REQUIRING PRIOR AUTHORIZATION	
Service Authorized by Prominence	Contact Information
<ol style="list-style-type: none"> <li><b>Ambulance:</b> Non-emergency Transportation by Ground Ambulance or Medical Van</li> <li><b>Behavioral Health: Mental Health, Alcohol &amp; Chemical Dependency Services</b> [includes inpatient, residential, partial hospitalization (PHP), acute detox, acute rehab, intensive outpatient programs (IOP), electroconvulsive therapy (ECT), applied behavior analysis (ABA), neuropsychological and psychological testing].</li> <li><b>Cochlear Device and Implantation</b></li> <li><b>Cosmetic/Plastic and Reconstructive Services</b> (including vein surgery)</li> <li><b>Dental Care:</b> Anesthesia &gt;7 years old, oral surgery, TMJ services, oral appliances, dental implants</li> <li><b>Dialysis</b> (notification only)</li> <li><b>Durable Medical Equipment (DME), including Prosthetics</b> (Refer to complete list online at <a href="http://www.prominencehealthplan.com">www.prominencehealthplan.com</a>)</li> <li><b>Experimental/Investigational Procedures/Clinical Trials</b></li> <li><b>Home Healthcare</b> (skilled nursing; includes home based PT and OT)</li> <li><b>Infertility Treatment/Reproductive Endocrinology</b></li> <li><b>Infusion Therapy and Injectables</b> (except cancer therapy drugs, which are listed below and authorized by eviCore)</li> <li><b>Inpatient Admissions; Outpatient Hospital/Ambulatory Surgical Center; Skilled Nursing Facilities; Acute Rehab; LTAC; and Observation Greater than 24-Hours **</b> colonoscopy, EGD, flexible sigmoidoscopy do not require prior authorization ** (<i>Note:</i> see eviCore section directly below for hip, knee and shoulder joint and spinal procedures).</li> <li><b>Non-Participating Providers/Facilities:</b> Includes office visits, procedures, labs, diagnostic studies</li> <li><b>Nutritional Supplements &amp; Enteral Formulas</b></li> <li><b>Rehabilitation Services:</b> Includes cardiac, pulmonary and comprehensive outpatient rehab facility</li> <li><b>Wound Therapy:</b> Includes, but not limited to, wound vacs and hyperbaric oxygen therapy.</li> </ol>	<p align="center"><b>Prominence Health Plan</b> Phone: (844) 894-8086 or (775) 770-9350 <a href="http://www.prominencehealthplan.com">www.prominencehealthplan.com</a></p> <p align="center"><b>Inpatient</b> Fax: (888) 391-3720</p> <p align="center"><b>Outpatient</b> Fax: (888) 393-2335</p> <p align="center"><b>Behavioral Health</b> Fax: (888) 393-2348</p> <p align="center"><b>Medical Necessity Appeals</b> Fax: (888) 393-2393</p>
Services Authorized by eviCore	Contact Information
<p><b>NOTE:</b> Services descriptions below are guidelines. Please see complete list of CPT Codes requiring prior authorization through eviCore at <a href="http://www.ProminenceHealthPlan.com">www.ProminenceHealthPlan.com</a> → About Us → Forms and Resources → Provider Procedure CPT Codes</p> <ol style="list-style-type: none"> <li><b>Genetic Counseling and Testing</b></li> <li><b>Imaging Studies</b> (excludes routine x-rays and ultrasounds): Advanced and Cardiac Imaging</li> <li><b>Joint Procedures</b> (IP and OP): Hip, Knee, and Shoulder</li> <li><b>Oncology:</b> Cancer Chemotherapy Drugs and Radiation Therapy</li> <li><b>Pain Management Procedures, Therapeutic Joint Injections and Implants</b> (except trigger point).</li> <li><b>Sleep Medicine</b> (includes PAP Equipment/Supplies)</li> <li><b>Spinal Procedures/Surgery</b> (IP and OP)</li> </ol>	<p align="center"><b>eviCore</b> Phone: (844) 224-0495 <a href="http://www.eviCore.com">www.eviCore.com</a></p> <p align="center"><b>Imaging Studies</b> Fax: (800) 540-2406</p> <p align="center"><b>Musculoskeletal</b> Fax: (855) 774-1319</p> <p align="center"><b>Medical Necessity Appeals</b> Fax: (866) 699-8128 <i>eviCore does not accept fax submissions for: Medical Oncology, Radiation Therapy, Genetic Counseling &amp; Testing, or Sleep Medicine cases</i></p>
Other Services Requiring Prior Authorization	Contact Information
<b>Air Ambulance</b>	<b>Sentinel Air Ambulance:</b> (800) 763-4069
<b>Outpatient Pharmacy (Oral and Injectable);</b> Chemotherapy is authorized by eviCore (see above).	Refer to PHP Specialty Pharmacy list at <a href="http://www.prominencehealthplan.com">www.prominencehealthplan.com</a>
<b>Transplant Evaluation and Services</b>	Call TETHYS: (866) 771-0697