

# **PERSONALCARE**

**Fully Insured HMO/POS, PPO, Medicare Advantra**

**Pre Authorization Department: 217-373-3998**

**Toll free 866-557-8748**

## **SERVICES REQUIRING PRIOR AUTHORIZATION**

**Effective 07/01/09**

*Prior authorization is the process for authorizing the non-emergency use of facilities, diagnostic testing and other health services before care is provided.*

- All hospital admissions, including observations
- All admissions to skilled nursing facilities (SNF) or inpatient specialty care programs such as rehabilitation; hospice; mental health and substance abuse.
- Transplants
- Diagnostics/services:
  - PET scans
  - MRI/MRA
  - CT scans
  - All cardiac stress imaging
  - Cardiac nuclear scans
  - Stress echocardiogram
- Diagnosis / treatment of Autism Spectrum Disorders
- Durable medical equipment over \$250 (billed amount) and all rental equipment
- Infertility services
- Medication (given IV, IM, or sub-Q) (see [www.PersonalCare.org](http://www.PersonalCare.org) for prior auth. list)
- Mental health and substance abuse (call MHNet at 800-423-8070)
- OB Ultrasounds in excess of 2
  - \* Notification required for auto approval of initial 2 OB ultrasounds
- Pain management injections including epidural and facet injections
- Physical Therapy: and Occupational Therapy office, outpatient and in home \*\* Excludes Medicare Advantra & Federal employees
- Prescription drugs, if applicable (see [www.PersonalCare.org](http://www.PersonalCare.org) for prior auth. list and forms)
- Self administered injectable medications (see [www.PersonalCare.org](http://www.PersonalCare.org) for prior auth. list) (call Coventry Pharmacy at 877-215-4098)
- Sleep studies
- Surgical procedures at outpatient hospital (place of service 22) or ambulatory surgical center (place of service 24), except for certain CPT codes listed on our website [www.PersonalCare.org](http://www.PersonalCare.org) found under Provider - Prior Authorization Requirements

**Tertiary Providers/Non Participating Providers require prior authorization for HMO. Services identified as experimental/investigational are not covered services.**