



**Bridgeway Health Solutions
Acute Care Program Yavapai County
Prior Authorization List
Effective: October 1, 2008**

Prior Authorization

Certain services must be approved before service is rendered. This is called Prior Authorization. If you have questions about a service you may call the number below to verify whether Prior Authorization is required or if a specific service is covered or has limitations.

Emergency Services Do Not Require Prior Authorization
Telephone: 1-866-519-6972 Fax 1- 866-896-1844

Emergent Hospitalization: please notify via fax next business day.

ALL NON-PAR PROVIDERS REQUIRE PRIOR AUTHORIZATION

Excludes laboratory and radiology except imaging services listed below

All inpatient admissions:

Elective inpatient hospitalization, subacute facility, acute long term care facilities, rehabilitation facilities, and skilled nursing facilities.

Outpatient Procedures

- Observation Services including those that result in an admission.
- Dialysis services
- Injectables over \$100 excluding oncology drugs
- Rehabilitation services including occupational, speech, and physical therapy, cardiac and pulmonary rehabilitation.
- Nutritional therapy
- Sleep Studies
- Wound therapy
- Unlisted procedures

Behavioral Health

- Outpatient mental health testing and services. (Includes neuropsychological and psychological testing)
- Outpatient substance abuse services.

DME, Orthotics and Prosthetics*

- All durable medical equipment including but not limited to hospital beds, C/Bi-pap equipment and supplies, and oxygen and supplies – Includes purchase or rental.
- Prosthetic devices and orthotics.
- *Excludes DME provided in a physicians office or is less than \$500 in total billed charges.
- **All wheel chairs require prior authorization.**

Medical Services

- Chiropractic < 21. Over 21, is not a covered service.
- Hospice – any location
- Pain Management
- Podiatry
- Nutritional therapy services
- Smoking Cessation
- Any experimental or investigational procedure, service, or drug protocol



**Bridgeway Health Solutions
Acute Care Program Yavapai County
Prior Authorization List
Effective: October 1, 2008**

Imaging

- MRI, MRA, PET scans, and nuclear cardiology (no PA for CT)
- Obstetrical Ultrasounds (Third ultrasound or greater during same pregnancy).

Procedures

- Abortions
- Bariatric Surgery/Gastric By-pass
- Blepharoplasty
- Cochlear Implants
- Hysterectomy
- Otoplasty
- Pelvic Laparotomy
- Plastic and Reconstructive Surgery
- Reduction Mammoplasty
- Remove of Skin Tags
- Rhinoplasty/Septoplasty
- Scar Revision
- Treatment of Varicose veins
- Vagus nerve stimulator
- Gynecological Reconstructive/Plastic Surgery
- Unlisted procedures

Transplant

- Evaluation and/or Transplant Procedure

Transportation

- Scheduled Air ambulance
- Non-emergency ambulance transport (facility to facility)

Home Health Care Services

All services which are based in the home of the member including but not limited to: Skilled nursing visits, home health aid (HHA), infusion therapy, Occupational therapy (OT), physical therapy (PT), Respiratory Therapy (RT), Speech Therapy (ST), social worker. Includes supplies for home health care.

Dental - Authorized through Avesis: 1-800-327-4462

Oral Surgery -Prior Authorization is provided from Bridgeway

Vision- Authorized through Opticare: 1-800-368-4790

Notification Only: Pregnancy. This will allow us to enroll member in our Start Smart Program.



Bridgeway Health Solutions
Acute Care Program Yavapai County
Prior Authorization List
Effective: October 1, 2008

Pharmaceuticals – All Human Growth Hormone requires prior authorization

In addition, the following medications require prior authorization: Adagen, Advate, Aldurazyme, Alphanate® SDHT, Alphanine® SDVF, Amevive, Aralast, Aranesp, Arixtra, Autoplex®-T, Avonex®, Bebulin® VH, Benefix®, Betaseron®, Cerezyme, Copaxone, Copegus, Cytogam, Enbrel™, Epogen, Fabrazyme, Feiba®-VH, Flebogamma, Flolan, Forteo, Fragmin, Fuzeon, Gammagard®, Gammar® P, Gamunex®, Genotropin®, Helixate FS®, Hemofil®-M, Humilate-P, Humatrope®, Humira, Hyalgan, Iressa, Iveegam-EN, Kepivance, Kineret, Koate DVI, Kogenate FS®, Konyne®-80, Lovenox, Lupron Depot, Macugen, Monarc M®, Monoclate® P, Mononine®, Naglazyme, Natrecor, Neulasta, Neupogen, Nordiflex PEN, Norditropin®, NovoSeven, Nutropin®, Nutropin® Depot, Orthovisc, Panglobulin, Pegasys, Peg-Intron, Polygam® S/D, Prialt, Procrit, Profilnine SD, Proplex® T, Pulmozyme®, Raptiva, Rebetol®, Rebetron™, Rebif, Recombinate®, Refacto®, Remicade™, Remodulin, Respiratory Syncytial Virus Immune Globulin RSV-IgIM (Synagis), Respiratory Syncytial Virus Immune Globulin RSV-IGIV (Non-Synagis), Ribasphere, Saizen®, Sandostatin, Simulect, Supartz, Synagis®, Synvisc, TOBI, Tracleer, Tysabri, Venoglobulin®, Ventavis, Xolair, Zavesca, Zorbitive, Zyvox.