

Bridgeway Health Solutions and Advantage by Bridgeway Health Solutions
Prior Authorization List
Effective: January 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: 1-866-295-9729 Fax 1-866-638-6126

Emergent Hospitalization: please notify via fax next business day.

ALL NON-PAR PROVIDERS REQUIRE PRIOR AUTHORIZATION

NOTE – For Medicaid ALTCS: Excludes Lab and Radiology (CPT 7XXXX-8XXXX) EXCEPT MRI, MRA, Nuclear Imaging and PET scanning

Bridgeway Health Solutions (Medicaid)	Advantage by Bridgeway Health Solutions (Medicare)
<p><u>All inpatient admissions:</u> Elective inpatient hospitalization, subacute facility, acute long term care facilities, rehabilitation facilities, and skilled nursing facilities.</p> <p><u>Outpatient Procedures</u></p> <ul style="list-style-type: none"> • Observation Services including those that result in an admission. • All outpatient surgery services • Dialysis services • Rehabilitation services including occupational, speech, and physical therapy, cardiac and pulmonary rehabilitation. • Nutritional therapy • Sleep Studies • Wound therapy <p><u>Behavioral Health</u></p> <ul style="list-style-type: none"> • Inpatient mental health • Inpatient substance abuse • Outpatient mental health testing and services. (Includes neuropsychological and psychological testing) • Outpatient substance abuse services. <p><u>Dental</u> - Authorized through Avesis: 1-800-327-4462</p> <ul style="list-style-type: none"> • <u>Oral Surgery –Prior Authorization is provided from Bridgeway</u> 	<p><u>All inpatient admissions:</u> Elective inpatient hospitalization, subacute facility, acute long term care facilities, rehabilitation facilities, and skilled nursing facilities.</p> <p><u>Outpatient Procedures</u></p> <ul style="list-style-type: none"> • Observation Services including those that result in an admission. • All outpatient surgery services • Dialysis services • Rehabilitation services including occupational, speech, and physical therapy, cardiac and pulmonary rehabilitation. • Nutritional therapy • Sleep Studies • Wound therapy <p><u>Behavioral Health</u></p> <ul style="list-style-type: none"> • Inpatient mental health (190 days lifetime) • Inpatient substance abuse • Outpatient mental health testing and services. (Includes neuropsychological and psychological testing) • Outpatient substance abuse services. <p><u>Dental</u> - Authorized through Avesis: 1-800-327-4462</p> <ul style="list-style-type: none"> • <u>Oral Surgery –Prior Authorization is provided from Bridgeway</u>

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<p><u>Imaging</u></p> <ul style="list-style-type: none"> • MRI, MRA, PET scans, and nuclear cardiology (no PA for CT) <p><u>DME, Orthotics and Prosthetics*</u></p> <ul style="list-style-type: none"> • All durable medical equipment including but not limited to wheel chairs, hospital beds, C/Bi-pap equipment and supplies, and oxygen and supplies. • Prosthetic devices and orthotics. • *Excludes DME provided in a physicians office or less than \$500 in total billed charges. <p><u>Medical Services</u></p> <ul style="list-style-type: none"> • Chiropractic • Hospice – any location • Pain Management • Podiatry • Nutritional therapy services • Any experimental or investigational procedure, service, or drug protocol <p><u>Home Health Care Services</u></p> <p>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.</p> <p><u>Transplant</u></p> <ul style="list-style-type: none"> • Evaluation and/or Transplant Procedure <p><u>Transportation</u></p> <ul style="list-style-type: none"> • Scheduled Air ambulance • Non-emergency ambulance transport (facility to facility) <p><u>Vision</u>- Authorized through Opticare: 1-800-368-4790</p>	<p><u>Imaging</u></p> <ul style="list-style-type: none"> • MRI, MRA, PET scans, and nuclear cardiology (no PA for CT) <p><u>DME, Orthotics and Prosthetics*</u></p> <ul style="list-style-type: none"> • All durable medical equipment including but not limited to wheel chairs, hospital beds, C/Bi-pap equipment and supplies, and oxygen and supplies. • Prosthetic devices and orthotics. • *Excludes DME provided in a physicians office or less than \$500 in total billed charges. <p><u>Medical Services</u></p> <ul style="list-style-type: none"> • Chiropractic • Hospice – any location • Pain Management • Podiatry • Nutritional therapy services • Any experimental or investigational procedure, service, or drug protocol <p><u>Home Health Care Services</u></p> <p>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.</p> <p><u>Transplant</u></p> <ul style="list-style-type: none"> • Evaluation and/or Transplant Procedure <p><u>Transportation</u></p> <ul style="list-style-type: none"> • Scheduled Air ambulance • Non-emergency ambulance transport (facility to facility) <p><u>Vision</u>- Authorized through Opticare: 1-800-368-4790</p>

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<p><u>Pharmaceuticals</u> 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 Virum Immune Globulin RSV-IGIV (Non-Synagis), Ribasphere, Saizen®, Sandostatin, Simulect, Supartz, Synagis®, Synvisc, TOBI, Tracleer, Tysabri, Venoglobulin®, Ventavis, Xolair, Zavesca, Zorbtive, Zyvox</p> <p><u>Medicaid Long Term Care Services</u> <u>– require prior authorization</u></p> <ul style="list-style-type: none"> • Nursing Homes • Alternative living settings • Home and Community Based Services: <ul style="list-style-type: none"> ▪ Adult Day Care ▪ Attendant Care ▪ Emergency alert systems ▪ Habilitation ▪ Home delivered meals ▪ Home Health services ▪ Homemaker services ▪ Home modifications ▪ Personal care ▪ Respite and group respite care 	<p><u>Pharmaceuticals</u> 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 Virum Immune Globulin RSV-IGIV (Non-Synagis), Ribasphere, Saizen®, Sandostatin, Simulect, Supartz, Synagis®, Synvisc, TOBI, Tracleer, Tysabri, Venoglobulin®, Ventavis, Xolair, Zavesca, Zorbtive, Zyvox</p> <p><u>Medicare-Long Term Care Services-require prior authorization (also listed above)</u></p> <ul style="list-style-type: none"> ▪ Skilled Nursing Facilities-Medicare Days ▪ Home Health Care Medicare visits ▪ Therapies: Respiratory (RT), Speech (ST), Physical (PT), and Occupational (OT)