

MEMORIAL HERMANN HEALTH PLAN

PRIOR AUTH GRID

Medicare Advantage and Commercial Plans

Effective 01/01/2021

IMPORTANT Please contact Customer Service for questions regarding benefits or eligibility at (855) 645-8448. Prior authorization does not guarantee payment. Authorization and claim determinations will be made in writing following receipt, review, and verification of clinical information, benefits, and eligibility.

Prior Authorization is required for the following :

All NON-CONTRACTED/ OUT OF NETWORK require prior authorization (except for use of out-of-network benefits in PPO products and some self-funded products. Please check with Customer Service).

ELECTIVE INPATIENT ADMISSIONS (Emergent admissions in contracted facilities require notification only).

Observation requires notification only.

POST ACUTE/ALTERNATIVE LEVELS OF CARE, including inpatient rehabilitation, LTAC, SNF, Inpatient Hospice all require prior authorization and clinical review.

OUTPATIENT SURGICAL PROCEDURES conducted in ASC (Ambulatory Surgical Center) or Outpatient Hospital setting require clinical review and authorization.

Procedures and other services requiring authorization:

Bariatric services

Bone growth stimulators

Capsule endoscopy

Cosmetic procedures

Dental services under the medical benefit

Clinical Trials, Experimental and/or investigational procedures

Fetal surgery

Gender reassignment/Gender dysphoria related services

Genetic and genomic testing

Home health and home based services

Imaging-including CT, interventional cardiology, IGRT, MRI, MRA, nuclear studies, PET, SPECT

Infertility services

Infusion services

Intraoperative neuromonitoring

Musculoskeletal-joint and pain management services, including orthopedic surgery, acupuncture, facet and steroid injections, nerve blocks, neurostimulators

Neuropsychological testing

Non-emergent transportation-including ground, fixed wing, helicopter and jet travel

Oncology services-including chemotherapy, IMRT, radiation therapy, novocure tumor treating fields

Orthognathic Surgery Procedures

Penile Prosthesis Procedures

Pre-Transplant Evaluation

Reconstructive Procedures

Sleep studies or Sleep apnea procedures or surgeries

Transplantation services including bone marrow, stem cell and all solid organs

Unlisted, Unclassified & Miscellaneous Codes

Ventricular assist devices and artificial heart devices

Durable Medical Equipment and Prosthetics

Any DME, orthotic or prosthetic device over \$500 requires authorization for the all Commercial Plans

Any DME over \$500 and orthotic or prosthetic device over \$1000 requires authorization for Medical Advantage

This includes the following (not inclusive)

Bone growth stimulator

BIPAP and CPAP

Customized wheelchairs

Oxygen concentrators and oxygen delivery devices

Power operated vehicles

Ventilators and related equipment and supplies

Medical Pharmacy Drugs

ALL UNCLASSIFIED, UNLISTED AND MISCELLANEOUS J CODES

All alpha 1-proteinase inhibitor (human)

All antineoplastics (many drugs/codes)

All antisense oligonucleotides

All White Blood Cell Colony Stimulating Factors

All coagulation modifiers

All enzyme therapies

All gene therapy products

All gender dysphoria/
Reassignment products

All gonadotropin-releasing growth hormone

All hormone antagonists

All immunoglobulins

All interferons

All interleukin-1 and - 2 blockers

All microtubule inhibitors (many drugs/codes)

All monoclonal antibodies (many drugs/codes)

All substance P antagonists / NK1 receptor antagonists

Afinitor (Everolimus)

Alimta (Pemetrexed)

Botox (Onabotulinum toxin A, all other derivatives)

Zulresso (Brexanolone)

Brineura (Cerliponase Alfa)

Caplacizumab (Cabliivi)

Elzonris (Tagraxofusp-erzs)

Gamifant (Emapalumab)

Spravato (Esketamine)

Evenity (Romosozumab)

Exondys (Eteplirsen)

Givlaari (Givosiran)

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H.P Acthar (Corticotropin)

Medical Pharmacy Drugs

Imlygic (Talinogene laherparepvec)

Infliximab (Remicade, Inflectra, Renflexis)

IVIg (numerous names/J codes)

Kymriah (Tisagenlecleucel)

Luxturna (Voretigene)

Nucala (Mepolizumab)

Neulasta (Pegfilgrastim)

Leukine (Sargramostim)

Sipuleucel T (Provenge)

Spinraza (Nusinersen)

Synagis (Pavalizumab)

Tecartus (Brexucabtagene Autoleucel)

Tepezza (Teprotumumab)

Viltepsa (Viltolarsen)

Vyondys (Golodirsen)

Vyepti (Eptinezumab)

Xofigo (Radium Ra 223 dichloride)

Yescarta (Axicabtagene ciloleucel)

Zolgensma (Onasemnogene Apeparvovec-Xioi)

All Commercial HMO products are underwritten by Memorial Hermann Commercial Health Plan, Inc. All Commercial PPO products are underwritten by Memorial Hermann Health Insurance Company. All Hybrid products are administered by Memorial Hermann Health Solutions, Inc.

Memorial Hermann *Advantage* HMO is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

Memorial Hermann Health Plan and Memorial Hermann *Advantage* comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855.645.8448 (TTY 711).