



Memorial Hermann Health Plan, Inc.
 Memorial Hermann Health Solutions, Inc.
 Memorial Hermann Health Insurance Company
 Memorial Hermann Commercial Health Plan, Inc.

MEMORIAL HERMANN HEALTH PLAN

PRIOR AUTH GRID

Medicare Advantage and Commercial Plans

Effective 01/01/2022

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 Stays at Out of Network Facilities
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. Please see separate PA List to view procedure codes.

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



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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 (Cablivi)
Elzonris (Tagraxofusp-erzs)
Gamifant (Emapalumab)
Spravato (Esketamine)
Evenity (Romosozumab)
Exondys (Eteplirsen)
Givlaari (Givosiran)
H.P Acthar (Corticotropin)



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Medical Pharmacy Drugs
Imlygic (Talimogene 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)
Viltepso (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).