

# SPECIALCARE OF ILLINOIS PRIOR AUTHORIZATION LIST

FOR DATES OF SERVICE ON OR AFTER MARCH 1, 2014



## Prior Authorization (PA) Requirements

This Cigna-HealthSpring® SpecialCare of Illinois Prior Authorization list supersedes any lists that have been previously distributed or published—older lists are to be replaced with the latest version.

## SpecialCare of Illinois Prior Authorization (PA) Policy

PCPs or referring providers should OBTAIN Prior Authorization BEFORE services requiring Prior Authorizations are rendered. Prior Authorizations may be as indicated in the Health Services section of the 2014 Provider Manual.

Rendering Providers should VERIFY that a Prior Authorization has been granted BEFORE any service requiring a Prior Authorization is rendered. Prior Authorizations may be verified as indicated in the Health Services section of the Provider Manual.

**IMPORTANT** – Prior Authorization and/or Referral Number(s) is/are not a guarantee of benefits or payment at the time of service. Remember, benefits will vary between plans, so always verify benefits.

## SpecialCare of Illinois Referral Policy

SpecialCare of Illinois values the PCP's role in directing the care of Members to the appropriate, participating Providers. Participating Specialists are contracted to work closely with our referring PCPs to enhance the quality and continuity of care provided to SpecialCare of Illinois Members.

**Although a Prior Authorization may not be required for certain services, a REFERRAL from a PCP to a Specialist MUST BE in place.** The Referral should indicate PCP approved for a consultation only or for consultation and treatment, including the number of PCP approved visits.

Refer to the online directory at [www.specialcareil.com](http://www.specialcareil.com) or contact Provider Services, toll-free phone: **(866) 486-6065** to locate an in-network provider.

Procedures/Services	PA Required	PA Not Required	Comments
Abortion		X	Provider must submit required HFS Form 2390 with the claim submission
Admissions	X		Inpatient Admission – Yes, Prior Auth required Inpatient Observation – Yes, Prior Auth required Inpatient Rehabilitation – Yes, Prior Auth required Skilled Nursing Facility – Yes, Prior Auth required LTAC – Yes, Prior Auth required Intermediate Care – Yes, Prior Auth required
Allergy Injections without a MD visit		X	
Allergy Serum and Testing		X	No auth required with a Specialist referral
Ambulance (Air or Ground)		See Comments	Non-emergent Transports – Yes, Prior Auth required Emergent Transports – No, Prior Auth not required Facility to Facility Transfer – Yes, Prior Auth required
Amniocentesis		X	
Angioplasty/Cardiac Catheterization/Stents (cardiac and renal)	X		
Arteriogram/Angiogram	X		
Audiogram		X	
Biopsy		X	
Blood Services (Outpatient)		X	
Bone Density Study		X	
Bronchoscopy		X	
Cardiac Monitoring		X	
Cardiac Rehab		X	
Cardiac Testing	X		
Cardioversion		X	
Chemotherapy	X		Initial treatment only
Chiropractic	X		Age 21 or less limited to manipulation for subluxation of the spine
CT Scans • Fast (EBCT) • 64 Slice • CTA Scans – all modalities	X		
Diabetic Supplies and Monitors	X		
Doppler/Duplex Studies		X	
Durable Medical Equipment (DME)	X		Purchase – Prior Auth required if contracted purchase is over \$500; certain items require a prior auth regardless of price <sup>1</sup> Rental – Prior Auth required Repair – Prior Auth required

Procedures/Services	PA Required	PA Not Required	Comments
Echocardiogram (ECG)		X	
Electrocardiogram (EKG)		X	
Electroencephalogram (EEG)		X	
Electromyography (EMG)		X	
Electrophysiology (EP)		X	
Education		X	Includes diabetic education, nutritional counseling, and smoking cessation
Endoscopy		X	
Facility to Facility Transfers	X		See ambulance
Genetic Testing	X		
Hearing Aids	X		One routine visit per year. For fitting and evaluation, one hearing aid every 3 years
Hemodialysis		X	
Home Health Services	X		
Home Infusion	X		
Hospice		X	
Hysterectomy	X		Providers must submit required HFS Form 2390 with claim submission.
Interventional Radiology	X		
Lab work		X	Must use contracted provider
MRA (all modalities)	X		
MRI (all modalities)	X		
Myelogram		X	
Nuclear Cardiac Studies	X		
Nuclear Radiology Studies	X		
Occupational Therapy		X	6 visits without an authorization with a maximum of 20 visits per calendar year of combination of speech, physical therapy and occupational therapy
Orthotics	X		
Outpatient Observation	X		
Outpatient Surgical Procedures	X		Outpatient hospital and ambulatory surgical centers require prior authorization
Oxygen Equipment	X		
Peritoneal/Home Dialysis		X	
Physical Therapy		X	6 visits without an authorization with a maximum of 20 visits per calendar year of combination of speech, physical therapy and occupational therapy
Podiatry	X		Services only for members under 21 years of age or diabetic members age 21 and over
Positron Emission Tomography (PET)	X		
Preventive Screenings		X	Include mammogram, pap test, colonoscopy, flu and pneumonia vaccines, bone density, glaucoma screening
Prosthetics	X		
Pulmonary Rehab		X	
Radiation Therapy	X		Prior Auth only required for IMRT, Gamma knife, and Cyber knife
Respiratory Therapy	See comments		In home setting – Yes, Prior Auth required In hospital or outpatient setting – No, Prior Auth not required
Sleep Study	See comments		In home setting – Yes, Prior Auth required In hospital or outpatient setting – No, Prior Auth not required
Specialty Services	X		PCP Referral to Specialty Physician is required
Speech Therapy		X	6 visits without an authorization with a maximum of 20 visits per calendar year of combination of speech, physical therapy and occupational therapy
Sterilization (Family Planning)	X		Providers must submit required HFS Form 2189 with claim
Ultrasound		X	
Wound Care (Physician Office or Outpatient Wound Center)	X		
X-ray		X	

<sup>1</sup>DME requiring prior auth regardless of price – chest wall oscillation vest, conductive garment for TENS or NMES, cough stimulating device, cuirass chest shell, external defibrillator, gel pressure pad or non-powered pressure overlay for mattress, hydrocollator portable unit, implantable infusion pump, incontinent treatment system, pelvic floor stimulator, jaw motion rehab system, manual and power wheelchair cushions and accessories, osteogenesis stimulator, pneumatic compression device and/or any appliance to use with it, powered wheelchair or scooter, seat lift mechanism, shoulder flexion rotation device, speech generating device, TENS device, traction equipment.