

**VNS CHOICE Medicare
Services Requiring Prior Authorization**

1. Inpatient Admissions:

- a. All hospital admissions, including:
 - i. Surgical admissions
 - ii. Medical admissions
- b. All Skilled Nursing Facility (SNF) admissions
- c. All Rehabilitation facility admissions
- d. All elective mental health and substance abuse admissions

All emergent admissions require authorization by VNS CHOICE Medicare. Authorization should be obtained within one business day of admission or as soon as clinically possible.

Every attempt should be made to notify VNS CHOICE Medicare prior to an urgent admission. Should this not be clinically feasible, authorization should be obtained within one business day of admission.

2. Organ Transplants and Transplant Evaluations

3. Reconstructive Procedures that may be Considered Cosmetic:

- a. Blepharoplasty/canthopexy/canthoplasty
- b. Septoplasty
- c. Rhinoplasty
- d. Excision of excessive skin
- e. Lipectomy or excess fat removal
- f. Abdominoplasty/ventral hernia repair
- g. Breast reconstruction/enlargement/reduction
- h. Keloid Removal
- i. Gynecomastia
- j. Otoplasty

- k. Facial reconstruction or repair including:
 - i. Orthognathic surgery
 - ii. Bone grafts
 - iii. Osteotomies
 - iv. Surgical management of TMJ dysfunction
- l. Surgical treatment of morbid obesity
- m. Sclerotherapy or surgery for varicose veins
- n. Vision correction surgery that would be considered cosmetic (i.e. Lasik Eye Surgery)
- o. Pectus excavatum repair
- p. Any other potentially cosmetic procedure – **Medicare generally does not cover cosmetic surgery unless it is needed because of accidental injury or to improve the function of a malformed part of the body.**

Varicose Vein Treatment	Excision or surgical planning of skin of nose for Rhinophyma
Vitilgo Treatment	Dermabrasion/Chemical Peels, Acne Surgery
Urinary Incontinence	Botulinum Toxin
Grave's Ophthalmology Surgery	Rosacea Treatment
Skin Tag Removal	Rhytidectomy
Genioplasty	Mandibular Implants
Forehead Reduction	Malar Implants

4. Radiology Services

- a. MRI
- b. MRA
- c. PET scans
- d. Stereotactic radiosurgery

5. Selected Durable Medical Equipment (DME) including but not limited to:

- a. Electric or motorized wheelchairs and scooters
- b. Electric beds/hospital beds/special hospital bed surfaces
- c. Bone stimulators
- d. Neurostimulators/TENS
- e. Customized braces
- f. Prosthetics
- g. Oxygen

6. Sleep Disorders

- a. Sleep Studies
- b. Surgical treatment of sleep disorders

7. All Home Health Care Services

8. Rehabilitative Therapies (required after the 8th visit)

- a. Physical Therapy
- b. Occupational Therapy
- c. Speech Therapy

9. Pain Management

- a. Implantation of catheters and/or continuous infusion pumps for pain management
- b. Spinal cord stimulators
- c. Biofeedback
- d. Artificial intervertebral disc surgery
- e. Lumbar spinal fusion surgery
- f. Percutaneous implant of neuroelectrode array, epidural

10. Dental Services that are Considered Medical in Nature

11. Requests from Nonparticipating Physicians and Providers of Non-Emergent Services
12. Services that may be Considered Investigational or Experimental
13. Medical Nutrition Therapy/TPN therapy
14. Hyperbaric Treatment/ Negative pressure wound therapy pump
15. High-frequency chest wall oscillation generator system
16. Somatosensory evoked potential studies
17. Cognitive Skills Development
18. Osteochondral allograft/knee
19. Cochlear device and/or implantation/ Osseointegrated implant
20. GI tract imaging through capsule Endoscopy
21. All Carrier Discretion Codes and Unlisted Procedure Codes
22. Prior Authorization List Part B Prescription Drugs

Avonex	Glatiramer acetate
Azathioprine oral 50mg	Humatrope
Azathioprine parenteral	Humira
Betaserone	Injection, pegfilgrastim 6mg
Botulinum toxin a per unit	Leuprolide acetate /3.75 MG
Botulinum toxin type B	Leuprolide acetate implant
Capecitabine, oral, 150 mg	Leuprolide acetate injeciton
Capecitabine, oral, 500 mg	Leuprolide acetate suspnsion
Ceftriaxone sodium injection	Lymphocyte immune globulin
Copegus	Melphalan oral 2 MG
Cyclophosphamide 1.0 grm inj	Methotrexate oral 2.5 MG
Cyclophosphamide 100 MG inj	Methylprednisolone oral
Cyclophosphamide 2.0 grm inj	Mycophenolate mofetil oral
Cyclophosphamide 200 MG inj	Norditropin
Cyclophosphamide 500 MG inj	Nutropin
Cyclophosphamide lyophilized	Nutropin AQ
Cyclophosphamide lyophilized	Omnitrope
Cyclophosphamide lyophilized	Oral busulfan
Cyclophosphamide lyophilized	Pegasys
Cyclophosphamide lyophilized	Peg-Intron
Cyclophosphamide oral 25 MG	Prednisolone oral per 5 mg

Cyclosporine oral 100 mg	Prednisone oral
Cyclosporine oral 25 mg	Rebif
Daclizumab, parenteral	Remicade
Darbepoetin alfa, esrd use	Ribavirin
Darbepoetin alfa, non-esrd	Saizen
Enbrel	Serostim
Epoetin alfa, esrd on dialysis	Sirolimus, oral
Epoetin alfa, non-esrd	Synagis
Etanercept injection	Tacrolimus injection
Etoposide oral 50 MG	Tacrolimus oral per 1 MG
Filgrastim 300 mcg injection	Temozolomide
Filgrastim 480 mcg injection	Tev-tropin
Genotropin	Zorbive

23. Prior Authorization list for Part D Drugs

Albuterol neb	Yfortic
Albuterol/ Ipratropium neb	Naglazyme
Aranesp	Neupogen
Cellcept	Norditropin
Colistimethate	Octeotide
Cyclophosphomide	Ondasetron
Cyclosporine	Orencia
Elaprase	Oxandrolone
Emend	Pegasys
Enbrel	Pegintron
Epogen	Penlac
Exjade	Procrit
Gamastan	Prograf
Gammagard	Prolastin
Gengraf	Provigil
Humira	Rapamune
Increlex	Rebif
Infergen	Remicade
Intralipid	Revatio
Ipratropium neb	Somavert
Kineret	Suboxone
Leucovorin	Tev-tropine
Leuprolide	Travasol
Lotronex	Travert
Lupron	Xolair