



**MEDICARE PRIOR AUTHORIZATION LIST**  
**Effective January 1, 2023**

Prior-authorization is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. Regardless of prior-authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.

The following list of services require prior authorization. List not all inclusive. To ensure that we provide you a response prior to providing a service please submit your request at least five (5) days in advance. Requests for prior authorization may be submitted on-line, fax, or telephonic.

**Online Portal:** El Paso Health Advantage Dual Providers

**Telephone:** 833-742-3125

**Fax:**

915-298-7866 (Outpatient)

915-298-5278 (In-patient)

Toll Free: (844) 298-7866

Toll Free: (844) 298-5278

<b>Service</b>	<b>Description</b>
Ambulance	Non-emergent (air, ground, water)
Ambulatory surgical	Any procedure performed in an outpatient hospital or free standing ambulatory surgical center.
Behavioral Health	<ul style="list-style-type: none"> <li>• Inpatient Psychiatric</li> <li>• Partial Hospitalization</li> </ul>
Cardiology	<ul style="list-style-type: none"> <li>• Cardiac Catheterization (not required for emergent or urgent care)</li> <li>• Cardiac implants (not required for emergent care)</li> </ul>
Chemotherapy	<ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> <li>• Freestanding clinic</li> <li>• Doctor's Office</li> </ul>
Chiropractic Services	After initial evaluation
Cosmetic Procedures	Required for prompt repair of accidental injury or to improve the function of a malformed body part. Breast prostheses for breast reconstruction if you had a mastectomy because of breast cancer.
Drugs and Medical Injectable	HCPCS codes beginning with C, J, or Q that exceed \$500
Durable Medical Equipment (DME) – over \$500, limitations may apply	Includes, but not limited to: <ul style="list-style-type: none"> <li>• BIPAP</li> <li>• Bone Growth Stimulator</li> <li>• CPAP</li> <li>• CPM device</li> <li>• Custom Wheelchair</li> <li>• Electric or Motorized Wheelchair</li> <li>• Enteral Supplies</li> <li>• Hospital Bed/Mattress</li> </ul>

Service	Description
	<ul style="list-style-type: none"> <li>• Infusion Pumps</li> <li>• Lift Devices</li> <li>• Oxygen</li> <li>• Rentals exceeding 2 months</li> <li>• Scooters</li> <li>• Speech Generating Device</li> <li>• TENS unit</li> <li>• Therapeutic Glucose Monitors</li> <li>• Ventilators</li> <li>• Wound Vacuum Devices</li> <li>• Vagus Nerve Stimulator</li> </ul>
Genetic and Molecular Testing	<ul style="list-style-type: none"> <li>• Genetic Analysis</li> <li>• Molecular Pathology Procedures</li> <li>• Genomic Sequencing Procedures</li> <li>• Multianalyte Assays with Algorithmic Analysis that include Molecular Pathology Testing</li> </ul>
Home Health Services	<ul style="list-style-type: none"> <li>• Home IV Infusion</li> <li>• Home Health Aide</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Speech Therapy</li> <li>• Skilled Nursing Services</li> <li>• Social Work Services</li> </ul>
Hyperbaric Oxygen Therapy (HBO)	
Inpatient Admission: Elective or Scheduled	<ul style="list-style-type: none"> <li>• Acute Inpatient Hospital</li> <li>• Inpatient Rehabilitation</li> <li>• Hospice</li> <li>• Long-Term Care Hospital (LTCH)</li> <li>• Psychiatric Inpatient Hospital</li> <li>• Skilled Nursing Facility (SNF)</li> <li>• Substance Use Disorder Treatment/Rehabilitation</li> </ul>
Orthotics	Exceeding \$200
<b>Out-of-Network Services (unless services are for emergency care or out-of-area urgent)</b>	Any setting
Part B Drugs (Medicare)	<ul style="list-style-type: none"> <li>• Clinician Administered Drugs exceeding \$500</li> <li>• Anti-cancer</li> <li>• Blood Clotting Factors</li> <li>• Dialysis drugs</li> <li>• Intravenous Immune Globulin (IVIG) (in-home)</li> <li>• Total Parenteral Nutrition (in-home)</li> </ul>
Prosthetics	<ul style="list-style-type: none"> <li>• Exceeding \$200</li> <li>• Artificial limbs</li> <li>• Braces</li> </ul>
Radiology	PET Scans
Sleep Study	When performed outpatient

<b>Service</b>	<b>Description</b>
Surgeries	<ul style="list-style-type: none"> <li>• Elective</li> <li>• Outpatient Hospital</li> <li>• Pre-Scheduled</li> <li>• Reconstructive</li> <li>• Freestanding Ambulatory Surgical Facility</li> </ul>
Outpatient Rehabilitation Services – Occupational Therapy, Physical Therapy and Speech Therapy initial evaluation does not require Prior Authorization.	<ul style="list-style-type: none"> <li>• Cardiac Rehab</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Pulmonary Rehab</li> <li>• Speech Therapy</li> </ul>
Transplants	All transplant services including, but not limited to, evaluation, transplant consult visits, HLA typing
Venous Procedures	When performed in office or outpatient

