



**Prior Authorization List
Effective August 1, 2010**

Service		BT C.A.R.E. Authorization Type
Admissions, Elective Hospital, SNF & Acute Rehab	<i>Acute</i>	Hospital Admission
	<i>Skilled Nursing Facility</i>	Hospital Admission
	<i>Acute Rehabilitation</i>	Hospital Admission
	<i>Total OB</i>	Hospital Admission
All Category III Codes		Use applicable Authorization Type for Category III procedure being requested
All Unlisted HCPCS Codes	<i>Ecodes</i>	DME/Orthotics/Prosthetics
	<i>Jcodes</i>	Drugs requiring authorization
	<i>L codes < L5000</i>	DME/Orthotics/Prosthetics
	<i>Lcodes ≥ L5000</i>	DME/Orthotics/Prosthetics
All Unlisted CPT Codes	<i>CPT codes 76499-79999</i>	Diagnostic Testing
	<i>Inpatient Admission</i>	Hospital Admission
	<i>When done in ASU</i>	Outpatient Surgery
	<i>All others</i>	Use applicable Authorization Type for Unlisted Procedure being requested
Ambulance: Non-emergent		Ambulance
Ambulatory Surgery & Outpatient Services Ambulatory Surgery Centers, Hospital Outpatient Surgery Suites, Transfusion, Infusion Therapy	<i>Ambulatory Surgery Centers, Hospital Outpatient Surgery Suites</i>	Outpatient Surgery
	<i>Transfusion, Infusion Therapy</i>	Outpatient/Office Services
Bariatric Surgery		Hospital Admission
Cardiac Catheterizations		Outpatient Surgery
Chemical Dependency/Substance Abuse/Detox Medical Inpatient Admission & Outpatient Services	<i>Inpatient</i>	Hospital Admission
	<i>Outpatient</i>	Outpatient/Office Services



Service		BT C.A.R.E. Authorization Type
Child Development Services		Outpatient/Office Services
Colonoscopy		Outpatient Surgery
Cosmetic/Reconstruction Services	<i>Inpatient Admission</i>	Hospital Admission
	<i>When done in ASU</i>	Outpatient Surgery
	<i>When done in office</i>	Outpatient/Office Services
Dialysis and ESRD Services		Outpatient/Office Services
Durable Medical Equipment/Orthotics* Purchase or rental equipment such as wheelchairs, beds, O2, CPAP, etc.		DME/Orthotics/Prosthetics
ECP (External Counterpulsation)		Outpatient/Office Services
Genetic Counseling (except when done in conjunction with amniocentesis or CVS on the same day)		Outpatient/Office Services
Genetic Testing (e.g., BRCA, Tay-Sachs, etc.) Excludes Prenatal Screening – Codes: 82105, 82677, 84163, 84702, 86336		Diagnostic Testing
Health and Behavior Assessment and Intervention		Outpatient/Office Services
Home Health/Home Infusion		Home Care Services
Imaging Bone Density Studies Cardiac CT Angiography MRI/MRA PET Scans		Diagnostic Testing
Infertility Services** All Infertility Services including Consult	<i>Inpatient Admission</i>	Hospital Admission
	<i>When done in ASU</i>	Outpatient Surgery
	<i>When done in office</i>	Infertility Services
	<i>Diagnostic testing in hospital</i>	Diagnostic Testing
	<i>Medication</i>	Drugs requiring authorization
Investigational & Experimental	<i>Inpatient Admission</i>	Hospital Admission



Service		BT C.A.R.E. Authorization Type
(Non-FDA Approved Medications and Emerging Treatment)	<i>When done in ASU</i>	Outpatient Surgery
	<i>When done in office</i>	Outpatient/Office Services
Medications		Drugs requiring authorization
• Chemotherapy Adjunctive Treatment Injectables		Drugs requiring authorization
• Gamma Immune Therapy (multiple doses)		Drugs requiring authorization
• IV Anti-emetics		Drugs requiring authorization
• Self-Injectables and Office based infusions (Excludes FDA approved cancer chemo)		Drugs requiring authorization
Neuropsychological Testing		Outpatient/Office Services
Office Procedure with Anesthesia General, Regional Block or Conscious Sedation		Outpatient/Office Services
Out-of-Network (OON) Services		Use applicable Authorization Type for OON Services being requested
Pain Management Services		Outpatient/Office Services
Prosthetics		DME/Orthotics/Prosthetics
Radiation Therapy		Outpatient/Office Services
Rehabilitation Services Cardiac, Cognitive, Pulmonary, Occupational, Physical Therapy OON, Speech, Biofeedback, Osteopathic Manipulation, Acupuncture**, Chiropractic**, Massage**		Outpatient Rehab
TMJ Services	<i>When done in ASU</i>	Outpatient Surgery
	<i>Other outpatient setting</i>	Outpatient/Office Services
Transplant Services (incl. Initial Evaluations)	<i>Inpatient admission</i>	Hospital Admission
	<i>Outpatient</i>	Transplant Outpatient
Travel Immunizations**		Vaccines requiring authorization
Weight Management Services (incl. Consults)		Outpatient/Office Services