Health Alliance™

Preauthorization List—Standard

Effective January 1, 2021

- Abdominoplasty/panniculectomy
- Ambulance (non-urgent air and non-urgent ground)
- Bariatric surgery
- Blepharoplasty and eyebrow lift/brow-ptosis
- Breast reconstruction surgeries
    - Breast implant surgeries
    - Gynecomastia surgery
    - Reduction mammoplasty, female
- Cardiac imaging and procedures (echo, echo stress, cardiac rhythm implantable devices, myocardial perfusion imaging, nuclear medicine, diagnostic heart catheterization)
- Chiropractic* and massage therapy
- Clinical trials, phase I, II, III and IV
- Cosmetic and reconstructive surgery
- Dental services (if done in a facility rather than in a provider's office)
- DME (select; see DME preauthorization list)
- Electrical stimulation for gastroparesis
- Endothelial keratoplasty
- Experimental and investigational services
- Gender reassignment procedures
- Genetic testing (including molecular diagnostics)—select**
- Hyperbaric oxygen therapy
- Imaging
    - CT, CTA, MRI, MRA, PET, 3D***
    - Obstetrical and diagnostic ultrasound****
- Infertility (all diagnostic tests, medications, treatments, etc.)
- Inpatient rehabilitative services
- InterStim: implantable sacral nerve stimulation for urinary dysfunction
- Interventional pain management
- Joint surgery—select**
- Laser treatment of psoriasis
- Oncology pathways*****
- Out-of-network referral for HMO
- Port wine stain removal
- Radiation therapy, including but not limited to:
    - Proton beam therapy
    - Stereotactic radiosurgery
- Rehabilitative therapies
    - Occupational therapy
    - Physical therapy
    - Speech therapy
- Select surgical procedures requiring an elective inpatient stay may require preauthorization**
- Skilled nursing facility
- Sleep diagnostics, evaluations and supplies
- Specialty pharmacy (including home infusion drugs)—select**
- Spine surgery—select**
- Transcranial magnetic stimulation (TMS) treatment
- Transplant services
- Urgent inpatient stays (medical/surgical/substance abuse)—notification to Health Alliance is required (no review)
- Uvulopalatopharyngoplasty (UPPP)
- Vision therapy

NOTE: This list is for preauthorization purposes only. To determine if an item is covered or how it is covered, please contact the customer service number on the back of the member's identification card or visit YourHealthAlliance.org for providers.

*Groups with a maximum annual dollar or visit limit will not require preauthorization.
**See YourHealthAlliance.org for providers for specific CPT/HCPCS codes.
***3D mammography does not require preauthorization.
****Breast ultrasounds and venous duplex (doppler) scans do not require preauthorization.
*****Inpatient chemotherapy does not require preauthorization.