



PEIA Prior Authorization List

July 1,2020

Medical Pre-Certification Requirements

Precertification/Notification Requirements
All admissions to out-of-state hospitals/facilities
All admissions to rehabilitation or skilled nursing facilities
Ambulance Service for Non-Emergency transport, including air ambulance
Any potentially experimental/investigational procedure, medical device, or treatment
Autism Spectrum Disorder services
Chelation Therapy
Continuous glucose monitors
Durable medical equipment purchases and/or rentals of \$500 per month rental or \$1500 per purchase or more
Elective (non-emergent) facility to facility air ambulance transportation
Electroconvulsive shock therapy (ECT) and Trans magnetic stimulation (TMS)
Heart Perfusion Imaging
Home health care and/or IV therapy in the home after the twelfth visit.
Hyperbaric Oxygen Therapy (HBOT)
Genetic testing
Outpatient CTA (CT angiography)
Outpatient Dialysis Services
Outpatient IMRT (intensity modulated radiation therapy)
Outpatient MRI scan of the breast or spine (includes cervical, thoracic, and lumbar)
Sleep studies, services and equipment
Specialty drugs, including Chemotherapy, provided in a physician's office, by a pharmacy or mail order
SPECT (single photon emission computed tomography) of brain or lung
Stereotactic Radiation Surgery and Stereotactic Radiation Therapy
artificial disc surgery
bariatric surgery

discectomy with spinal fusion surgery
potentially cosmetic surgeries including but not limited to abdominoplasty, blepharoplasty, breast reduction, breast reconstruction, panniculectomy, penile implants/vascular procedures, otoplasty, rhinoplasty, scar revision, testicular prosthesis, and surgery for varicose veins
endoscopic treatment of GERD
hysterectomy
implantable devices including, but not limited to: implantable pumps, spinal cord stimulators, neuromuscular stimulators, and bone growth stimulators
knee arthroscopy
laminectomy, including laminectomy with spinal fusion surgery
spinal fusion surgery
total joint replacement
transplants
uvulopalatopharyngoplasty
vertebroplasty, kyphoplasty, and sacroplasty
Transplants and transplant evaluations (including but not limited to: kidney, liver, heart, lung and pancreas, small bowel, and bone marrow replacement or stem cell transfer after high dose chemotherapy)
<p>Notification</p> <p>Notification to UMR is required to evaluate the admission/service in order to determine if the patient's medical condition will require case management, such as discharge planning for home health care services. Notification to UMR is required for the following services in WV:</p> <ol style="list-style-type: none"> 1. Inpatient medical (non-surgical), 2. Inpatient surgical admissions (except those specifically listed as requiring precertification), 3. Inpatient mental health and substance abuse treatment 4. Maternity and newborn, and 5. Partial/day mental health or substance abuse treatment programs <p>Failure to pre-certify or notify UMR of an admission within the timeframes specified in the following chart will result in a reduction of benefits under the PPB Plan of 30%. This 30% penalty will be the responsibility of network providers. For all non-network providers, this 30% penalty will be the responsibility of the insured in addition to any applicable copayments, coinsurance, deductible, and amounts that exceed PEIA's maximum allowance.</p>