

Medicare Advantage Prior Authorization Requirements List



Revised August 2021

Please note: The terms prior authorization, prior approval, predetermination, advance notice, precertification, preauthorization and prior notification all refer to the same process.

Medical Mutual follows the Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCDs) and payment policies. In the absence of an NCD, Medical Mutual follows applicable CMS Local Coverage Determinations (LCD). LCDs are written policies created by a Medicare Administrative Contractor (MAC) with jurisdiction in a specified State. In the absence of an NCD, Medical Mutual follows applicable CMS LCD policies created by the MAC for the State of Ohio.

If no NCD, LCD or other CMS published information is available, Medical Mutual will utilize MCG care guidelines Level of Care criteria and selected MCG imaging, procedures and DME criteria; or Corporate Medical Policy (CMP) guidelines. Medical Mutual creates and implements CMPs based upon current peer-reviewed medical and scientific literature and practice guidelines published by nationally recognized, authoritative bodies. This information is reviewed by practicing board-certified, community-based physician reviewer(s) working in specialties related to the topic under review. In addition, approval by the U.S. Food and Drug Administration and information provided by the *Hayes Medical Technology Directory*[®] represent other factors considered in the decision-making process. The *Hayes Directory*[®] is a collection of reports used by healthcare organizations to support the development of coverage policies based on scientific evidence and proven medical efficacy. After implementation, all CMPs are periodically revised as necessary.

CATEGORY	DETAILS	SUBMIT TO (PROVIDER USE ONLY)
Ambulance Services	Non-emergency air ambulance transportation	Care Management Web: http://navinet.force.com or Fax: 1-800-221-2640 or Prior Approval Form All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.
Durable Medical Equipment (DME) and Prosthetic Devices	Bi-level Positive Airway Pressure (BiPap) Bone Growth Stimulation: Electrical and Ultrasonic Conductive Garment for Delivery of TENS and NMES Continuous Positive Airway Pressure (CPAP) DME Misc. Items – rent-to-purchase price >\$1,000 Functional Electrical Stimulation High Frequency Chest Wall Oscillation System Hospital Bed – rent-to-purchase price > \$500 INR Monitoring System Knee Braces (Custom Fabricated) Mechanical Insufflation-Exsufflation Therapy Motorized Wheelchairs and Power Operated Vehicles Orthotics – purchase price > \$500 Pneumatic Compression Device Pressure Reducing Support Surfaces Prosthetics (microprocessor systems) Pulse Oximeter (home use) Speech-Generating Devices Wearable Cardioverter Defibrillator (WED)	Care Management Web: http://navinet.force.com or Fax: 1-800-221-2640 Prior Approval Form All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.

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<p>Genetic Testing/Gene Expression/Microarray Analysis</p>	<p>*All Genetic Testing/Gene Expression Testing and Microarray Analysis testing requires prior authorization (unless specified as not required). Prior to testing for hereditary conditions Genetic Counseling is required.</p> <p>Breast Cancer Susceptibility 1 (BRCA1) Breast Cancer Susceptibility 2 (BRCA2) Breast Cancer Susceptibility 1 and 2 Large Rearrangement Testing Chromosomal Microarray Analysis Gene Expression Assays for the Management of Breast Cancer Genetic Testing for Colorectal Cancer Susceptibility Genetic Testing for Inherited Disorders Surrogate Markers for Detection of Heart Transplant Rejection – Gene Expression Profiling (e.g., AlloMap)</p>	<p>Care Management Web: http://navinet.force.com or Fax: 1-800-221-2640 Prior Approval Form</p> <p>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</p>
<p>Home Healthcare Services (All)</p>	<p>Home Health Care (HHC): No prior authorization is required for home health care services. The provider is responsible to ensure that home care services are medically necessary to be considered a covered service.</p>	
<p>Imaging Services (outpatient only)</p>	<p>Computed Tomography (CT) Magnetic Resonance Imaging/Angiography (MRI/MRA) Myocardial perfusion (SPECT/PET) and cardiac blood pool imaging Other Nuclear Medicine Position Emission Tomography (PET)</p> <p>Please find full listing by procedure at: www.evicore.com/healthplan/MedMutualOH</p>	<p>eviCore Healthcare Web: https://evicore.com/pages/providerlogin.aspx or Phone: 1-888-693-3211 Fax:1-888-693-3210</p>
<p>Inpatient Hospital Care</p>	<p>Medical/Surgical Admissions Acute Care Medical/Surgical Acute Physical Rehabilitation Long Term Acute Care (LTAC) Skilled Nursing Facility (SNF)</p>	<p>MMO Contracting Providers Submit through: https://Reviewlink.mmoh.com</p> <p>For all other providers, please fax clinical information to 1-800-221-2640</p>
<p>Inpatient Mental Healthcare</p>	<p>Behavioral Health Admissions Acute Care Psychiatric/Substance Abuse</p>	<p>MMO Contracting Providers submit through: http://navinet.force.com</p> <p>For all other providers, please fax clinical information to 1-800-524-9817</p>

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<p>Other Medical/Surgical/ Diagnostic Services</p> <p>(furnished in a physician office, certified ambulatory surgery center, inpatient or outpatient hospital, or any other location)</p>	<p>Artificial Anal Sphincter for Treatment of Fecal Incontinence Artificial Intervertebral Disc Replacement Auditory Brainstem Implant Autologous Chondrocyte Implantation Bariatric Surgery for Obesity Bone Anchored Hearing Device (BAHA) Capsule (Wireless) Endoscopy – Esophagus through Ileum Cardiac Rehab (37 or more visits) Carotid Artery Stenting Clinical Trials Cochlear Implant Disc Decompression – Intraspinous/Intervertebral Electrical Stimulation and Electromagnetic Therapy for the Treatment of Chronic Dermal Ulcers Electromagnetic Navigational Bronchoscopy Endoscopic Thoracic Sympathectomy for Treatment of Hyperhidrosis Gastric Electrical Stimulation for Treatment of Gastroparesis Gender Dysphoria Treatment Implantable Miniature Telescope – End Stage Age-Related Macular Degeneration Treatment Intrastromal Corneal Ring Segments (Intacs) Keratoprosthesis Kyphoplasty – Thoracic and Lumbar Laser Therapy – Vitiligo Lumbar Spinal Fusion Lung Volume Reduction Surgery (LVRS) for Severe Emphysema Neurostimulators – Cranial and Spinal Osteochondral Allografts and Autografts (OATS Mosaicplasty) for the Treatment of Focal Articular Cartilage Defects of the Knee Percutaneous and Endoscopic Epidural Adhesiolysis Phototherapy – Home Treatment of Dermatological Conditions (Other Than Vitiligo) Proton Beam Radiotherapy Psoriasis Laser Treatment Radiofrequency Ablation (RFA) for Treatment of Tumors Radiofrequency Volumetric Tissue Reduction Recombinant Human Bone Morphogenetic Protein-2 and Protein-7 Sclerotherapy Stereotactic Body Radiotherapy and Radiosurgery Strabismus Surgery Telemetry Systems (outpatient) Total Ankle Replacement Transcatheter Valve Replacement/Implantation Transurethral Radiofrequency Micro-Remodeling Uterine Artery Embolization for Treatment of Fibroids Uvulectomy Uvulopalatopharyngoplasty Vertebroplasty – Thoracic and Lumbar Virtual Colonoscopy (Computed Tomographic Colonography) – Diagnostic</p>	<p>Care Management Web: http://navinet.force.com or Fax: 1-800-221-2640 Prior Approval Form</p> <p>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</p>

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<p>Reconstructive Procedures</p>	<p>Abdominoplasty/Panniculectomy Blepharoplasty, Brow Lift and Blepharoptosis Repair Breast Reconstruction and Related Procedures Laser Therapy for Treatment of Rosacea Mastectomy (Bilateral Prophylactic) Mastopexy Otoplasty Reduction Mammoplasty Rhinoplasty Septoplasty Surgical Repair of Pectus Deformities Surgical Treatment of Gynecomastia</p>	<p>Care Management Web: http://navinet.force.com or Fax: 1-800-221-2640 Prior Approval Form</p> <p>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</p>
<p>Transplants Total Artificial Heart Systems Ventricular Assist Devices</p>	<p>Transplantation – x Blood component (e.g., Stem Cell, Bone Marrow) x Solid Organ (Except Corneal) x Pancreatic Islet Cell - Autologous Total Artificial Heart Systems Ventricular Assist Devices</p>	<p>Care Management Web: http://navinet.force.com or Fax: 1-800-221-2640 Prior Approval Form</p> <p>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</p>
<p>Medicare Part B Prescription Drugs Requiring Prior Authorization</p> <p>Submit requests for prior authorization to Medical Mutual's Medical Drug Management department.</p>	<p>Abatacept (Orencia IV) Ado-trastuzumab emtansine (Kadcyla®) Aducanumab (Aduhelm™) [New PA requirement effective 7/30/2021] Afamelanotide (Scenesse) Aflibercept (Eylea®) Agalsidase beta (Fabrazyme®) Alemtuzumab (Lemtrada®) (when utilized for treatment of multiple sclerosis) Alglucosidase alfa (Lumizyme®, Myozyme®) Alpha1-proteinase inhibitors (Aralast NP™, Glassia™, Prolastin®, Prolastin®-C, Zemaira™) Amivantamab-vmjw (Rybrevant™) [New PA requirement effective 8/13/2021] Anifrolumab-FNIA (Saphnelo™) [New PA requirement effective 8/13/2021] Arsenic Trioxide (Trisenox) Asparaginase Erwinia chrysanthemi (Erwinaze) Asparaginase Erwinia chrysanthemi (recombinant)-rwyn (Rylaze™) [New PA requirement effective 8/13/2021] Atezolizumab (Tecentriq™) Avalglucosidase alfa-ngpt (Nexviazyme™) [New PA requirement effective 8/13/2021] Avelumab (Bavencio®) Axicabtagene ciloleucel (Yescarta™) Belantamab (Blenrep) Belimumab (Benlysta)</p>	<p>Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form</p>

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<p>Medicare Part B Prescription Drugs Requiring Prior Authorization</p> <p>Submit requests for prior authorization to Medical Mutual's Medical Drug Management department</p>	<p>(imiglucerase, taliglucerase alfa, velaglucerase alfa) Epoprostenol (Flolan, Veletri) Eptinezumab-jjmr (Vyepti) Eribulin mesylate (Halaven®) Erythropoietin alfa (Epogen®, Procrit®, Retacrit) Esketamine (Spravato™) Eteplirsen (Exondys51) Evinacumab-dgnb (Evkeeza) <i>[New PA requirement effective 2/1/2021]</i> Fam-trastuzumab deruxtecan-nxki (Enhertu) Filgrastim (Neupogen®) Filgrastim-aafi (Nivestym™) Fligrastrim-sndz (Zarxio™) Flebogamma DIF Fosdenopterin (Nulibry™) <i>[New PA requirement effective 4/1/2021]</i> Fulvestrant (Faslodex®) Galsulfase (Naglazyme®) Gammagard (all forms) Gammaked Gammaplex Gamunex (all forms) Gemcitabine HCL (Gemcitabine HCL, Gemzar®) Gemtuzumab ozogamicin (Mylotarg) Givosiran (Givlaari) Golimumab (Simponi Aria) Golodirsen (Vyondys 53) Guselkumab (Tremfya™) Hyqvia® (immune globulin infusion 10% [Human] with recombinant human hyaluronidase) Ibalizumab (Trogarzo) Idecabtagene vicleucel (Abecma™) <i>[New PA requirement effective 5/1/2021]</i> Idursulfase (Elaprased®) Iloprost (Ventavis) Inebilizumab-cdon (Uplinza) Immune globulins (administered intravenous and subcutaneous) Infliximab (Remicade) Infliximab-dyyb (Inflectra®) infliximab-abda (Renflexis™) Infliximab-axxq (Avsola) Inotersen (Tegsedi) inotuzumab ozogamicin (Besponsa™) Iobenguane I 131 (Azedra®) Ipilimumab (Yervoy®) Irinotecan Liposome Injection (Onivyde) Isatuximab-irfc (Sarclissa) Ixabepilone (Ixempra®) Laronidase (Aldurazyme®) Levoleucovorin (Fusilev, Khapzory) <i>[New PA requirement effective</i></p>	<p>Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form</p>

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<p>Medicare Part B Prescription Drugs Requiring Prior Authorization</p> <p>Submit requests for prior authorization to Medical Mutual's Medical Drug Management department</p>	<p>effective 7/1/2021]</p> <p>Polatuzumab vedotin-piiq (Polivy)</p> <p>Privigen</p> <p>Ramucirumab (Cyramza®)</p> <p>Ranibizumab (Lucentis®)</p> <p>Ravulizumab-cwvz (Ultomiris)</p> <p>Reslizumab (Cinqair®)</p> <p>Risankizumab-rzaa (Skyrizi)</p> <p>Rituximab (Rituxan)</p> <p>Rituximab Hyaluronidase (Rituxan Hycela™)</p> <p>Romidepsin (Istodax®)</p> <p>Romiplostim (Nplate®)</p> <p>Romosozumab-aqqg (Evenity™)</p> <p>Sacituzumab govitecan-hziy (Trodelvy)</p> <p>Sargramostim (Leukine®)</p> <p>Satralizumab (Enspryng) <i>[New PA requirement effective 8/31/2020]</i></p> <p>Sebelipase Alfa (Kanuma®)</p> <p>Setmelanotide (Imcivree) <i>[New PA requirement effective 12/1/2020]</i></p> <p>Sipuleucel-T (Provenge)</p> <p>Siltuximab (Sylvant®)</p> <p>Supartz</p> <p>Synagis (Palivizumab) and RSV IVIG Respirgam</p> <p>tafasitamab-cxix (Monjuvi)</p> <p>Tagraxofusp-erzs (Elzonris)</p> <p>Taliglucerase alfa (Eleyso)</p> <p>Talimogene Laherparepvec (Imlygic "T-Vec"™)</p> <p>TBO-Filgrastim (Granix™)</p> <p>Teprotumumab-trbw (Tepezza)</p> <p>Testosterone cypionate (Depo®-Testosterone)</p> <p>Testosterone enanthate (Delatestryl®)</p> <p>Testosterone pellet (Testopel®)</p> <p>Testosterone undecanoate (Aveed®)</p> <p>Tildrakizumab-asmn (Ilumya™)</p> <p>Tisagenlecleucel (Kymriah™)</p> <p>Tocilizumab (Actemra IV)</p> <p>Trabectedin (Yondelis®)</p> <p>Trastuzumab (Herceptin)</p> <p>Trastuzumab-dkst (Ogivri™)</p> <p>Trastuzumab-dttb (Ontruzant)</p> <p>Trastuzumab-pkrb (Herzuma)</p> <p>Trastuzumab-qyyp (Trazimera)</p> <p>Trastuzumab-anns (Kanjinti)</p> <p>Trastuzumab/hyaluronidase-oysk (Herceptin Hylecta)</p> <p>Treprostinil (Remodulin, Tyvaso)</p> <p>Triamcinolone ER (Zilretta)</p> <p>Trilaciclib (Cosela) <i>[New PA requirement effective 2/1/2021]</i></p> <p>Ustekinumab (Stelara)</p> <p>Vedolizumab (Entyvio®)</p> <p>Velaglucerase alfa (Vpriv)</p>	<p>Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form</p>

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	Verteporfin (Visudyne) <i>[New PA requirement effective 1/1/2021]</i> Vestronidase alfa (Mepsevii) Viltolarsen (Viltepso) Vincristine Sulfate Liposome (Marqibo®) Viscosupplementation Injections (e.g. Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz, Supartz FX, Synvisc, Synvisc-One, Gel-Syn, Durolane, Trivisc, Synojoynt, Triluron, Visco 3) Voretigene neparovec (Luxturna) Ziv-aflibercept (Zaltrap)	