

RightCare Prior Authorization/ Notification List

Effective August 1, 2020

For the current list of prior authorization codes in these categories and online authorization submission, log in¹ and use the [Authorization Code Look-up](#).

IMPORTANT – Prior Authorization is not a guarantee of benefits or payment at the time of service. Remember, benefits will vary between plans, so always verify benefits.²

Prior Authorization	Criteria or Medical Policy ³	Effective Date
<p>Prior Authorization is required for <u>ALL</u> SERVICES provided by NON-CONTRACTED providers except for use of out-of-network benefits in PPO and POS products, unless required per listing below. ⁴</p>	MN-065	01/21/13
<p>Notification required for admission to these facilities/services and will be subject to admission review concurrent review:⁵</p> <ul style="list-style-type: none"> Contracted hospitals for medical, surgical, and behavioral health services Contracted hospice programs (applies to inpatient and outpatient programs) 	MCG, MN-124, MN-126, MN-127 MCG	1/21/13
<p>Notification required for DISCHARGE from all facilities</p>	n/a	01/21/13
<p>Prior Authorization required for admission to facilities/programs listed below:</p> <ul style="list-style-type: none"> Long-term Acute Care (LTAC) hospitals, Inpatient Rehabilitation hospitals Skilled Nursing Facilities (SNF) Behavioral health/substance abuse residential, partial hospitalization, intensive outpatient programs (IOP) 	MCG MN-248 MN-285 MCG	01/21/13

Procedures ^{6, 7}	Criteria or Medical Policy	Effective Date
Abdominoplasty	MCG	01/21/13
Ambulance Non-Emergent Services	MN-006, MN-247	01/21/13
Anesthesia for Dental Procedures	MN-200	06/23/14
Back surgery including spinal fusion, laminectomy, vertebroplasty, kyphoplasty, etc.	MCG	10/01/16

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Procedures ^{6, 7}	Criteria or Medical Policy	Effective Date
Bone Growth Stimulator Placement	MCG	01/21/13
Bone-anchored Hearing Aid Placement	MN-066, MN-079	01/21/13
Cardiac Imaging and Other Cardiology Services, Including Nuclear Cardiology, Coronary FFR, and Myocardial Perfusion Imaging.	MN-267	08/01/20
Cosmetic: procedures that may be considered cosmetic (e.g. face lift, brow lift, blepharoplasty, lid ptosis repair, liposuction, abdominoplasty, breast reconstruction and reduction, surgery for gynecomastia, rhinoplasty, genioplasty, etc.)	MCG, MN-043, MN-047, MN-060, MN-227	01/21/13
Deep Brain Stimulator Placement	MN-137	06/27/16
External Counterpulsation (EECP)	MN-191	11/01/19
Fetal Surgery	MN-001	12/01/19
Gastric Pacing / Stimulation	MCG	11/01/19
Genetic/genomic Testing	MCG, MN-002, MN-036, MN-250, MN-257, MN-261, MN-262, MN-274, MN-289, MN-312	01/21/13
GI imaging with capsule endoscopy	MCG	01/21/13
Home Health Care Services ⁸	MN-083, MN-131	01/01/13
Imaging (CT, MRI, MRA, Nuclear Studies, PET, SPECT, etc.)	MN-205, MN-267	01/21/13
Intraoperative Neuromonitoring	MN-010	11/01/17
Left Atrial Occlusion Procedure (Watchman)	MCG	11/01/19
Lung Volume Reduction Surgery (LVRS)	MCG	11/01/19
Musculoskeletal, Joint, and Interventional Pain Management Surgeries and Procedures	MN-051	08/01/20
Novocure Tumor Treating Fields	MCG	11/01/19

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Procedures^{6, 7}	Criteria or Medical Policy	Effective Date
Obstructive Sleep Apnea Procedures	MCG	06/01/20
Occupational Therapy	MN-077, MN-288	01/23/13
Orthognathic Surgery	MCG, MN-072, MN-139, MN-232	01/21/13
Orthoptic and Vision Therapy	MN-211	11/01/19
Physical Therapy	MN-077, MN-288	01/23/13
Prescribed Pediatric Extended Care Centers (PPECC)	MN-076	11/01/16
Private Duty Nursing	MN-064	02/01/15
Psychological Testing in excess of six (6) hours	MCG	01/21/13
Sacral Nerve Stimulator	MN-226	06/27/16
Speech Therapy	MN-077, MN-288	01/23/13
Spinal Stimulator Trial and Placement	MCG, MN-051, MN-157, MN-266, MN-310, MN-311	06/27/16
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	MN-308	11/01/19
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	MCG, MN-125	01/21/13
Unlisted & Miscellaneous Codes	MN-044, MN-044, MN-068, MN-157, MN-215, MN-284	01/21/13
Vagal Nerve Stimulator Placement	MCG, MN-137	06/27/16
Varicose Vein Procedures	MCG, MN-053, MN-233, MN-238	01/21/13
Ventricular Assist Device Placement	MN-191	06/27/16
Weight Loss (Bariatric) Surgery	MN-048, MN-222, MN-223, MN-224, MN-225	01/21/13

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Durable Medical Equipment and Prosthetics	Criteria or Medical Policy	Effective Date
Bone growth stimulators	MN-272	04/01/13
Cranial remolding helmet	MCG	06/27/16
Compression devices (select)	MN-195	04/01/13
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	MN-183, MN-268	04/01/13
Formula (enteral) Amino acid based	MN-197	04/01/13
High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment	MN-195	04/01/13
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	Varied	04/01/13
Oxygen delivery devices, concentrators	MN-181	04/01/13
Power operated vehicles and related equipment	MN-237	04/01/13
Power wheelchairs and related equipment	MCG, MN-063, MN-235, MN-236, MN-237	04/01/13
Ventilators and related equipment	MN-045, MN-204	04/01/13

Medical Drugs ⁹	Criteria or Medical Policy	Effective Date
Anticoagulants, Miscellaneous	MN-003	02/01/15
Antidepressants, Miscellaneous	256	01/01/20
Antidotes	MCG	10/01/19
Anti-gout Agents	MCG	02/01/15
Antineoplastic Agents	MCG, MN-003	02/01/15
Antisense Oligonucleotides	230, MN-202	01/01/18
Antithrombotic Agents, Miscellaneous	MCG	07/01/19
Antitoxins and Immune Globulins	MCG, MN-003	06/27/16

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Medical Drugs ⁹	Criteria or Medical Policy	Effective Date
Azole Antifungals	MN-003	07/01/20
Blood Form, Coagulants, Thrombosis Agents Misc.	MN-319	06/01/20
Central Nervous System Agents, Misc.	MN-221	01/01/20
Chimeric Antigen Receptor	MN-255	08/01/18
Complement Inhibitors	MCG, MN-56, MN-280	02/01/15
Corticosteroids (EENT)	MN-318	01/01/20
Disease-Modifying Anti-rheumatic Agents	MCG, MN-15	02/01/15
EENT Drugs, Miscellaneous	MCG, C9061, MN-003	02/01/15
Electrolytic, Caloric, Water Balance Misc.	MN-003	01/01/20
Enzymes	MCG	02/01/15
Gene Therapy	MN-302	09/01/20
Gastrointestinal Drugs, Miscellaneous	MCG	08/01/18
Glycopeptide Antibiotics	MN-287	03/01/19
Gonadotropins	MCG	12/01/16
Heavy Metal Antagonists	MCG	02/01/15
Hematopoietic Agents	MCG, MN-031, MN-286	02/01/15
Hemostatics	MCG	06/27/16
HIV Entry And Fusion Inhibitors	MN-003	01/01/20
Hormones	MCG	02/01/15
Immunocellular Therapy	MCG, MN-234	02/01/15
Immunomodulatory Agents	MCG, MN-058, MN-203	02/01/15
Immunosuppressive Agents	MCG	11/01/16
Interleukin Antagonists	MCG, MN-073, MN-246	01/01/19
Monoclonal Antibody Antivirals	MN-005	06/27/16

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Neurokinin-1 Receptor Antagonists	MCG	02/01/15
Other Miscellaneous Therapeutic Agents (For specific agents, log-in and utilize the Prior Authorization Code Look-up)	MN-320	02/01/15
Pituitary	MCG	02/01/15
Respiratory Tract Agents, Miscellaneous	MCG, MN-082	06/27/16
Retinal Gene Therapies	249	07/01/20
Skin and Mucous Membrane Agents, Misc.	MCG	02/01/15
Somatostatin Agonists	MCG	10/01/19
Vaccines	MCG	10/01/19

¹ Registered users of our secure provider website can log in and submit an electronic preauthorization request. Call the number listed on the member's ID card for more information about our secure provider website. Contact your Provider Relations Representative for additional assistance.

² All services, even if authorized, are subject to the member's benefit plan contract coverage and exclusions, eligibility and network design. Approvals are not a guarantee of coverage, as the member's benefit plan contract may retroactively terminate at a future date. Status of eligibility may be verified by logging into the provider portal at <https://rightcare.firstcare.com/Web/>. Providers may contact RightCare to request a copy of the actual benefit provision, guideline, or other clinical criteria on which a determination was made. For the most current contact information, please visit <https://rightcare.swhp.org/en-us/prov/provider-home>

³ The Medical Policies are available at <https://rightcare.swhp.org/en-us/prov/authorizations>

⁴ Services rendered by non-contracted providers (except Emergency Department) must be prior authorized to receive a full benefit. Non-emergent out-of-network services with an observation level of care (revenue 760 and 762) require authorization.

⁵ Notification of all admissions is required within 24 hours or the next business day after a weekend or holiday inpatient confinements, including direct and emergency admissions. Notification is required for maternity and newborn stays that exceed 48 hours for vaginal deliveries or 96 hours for Cesarean section deliveries. Emergent and post-stabilization services do not require prior authorization, including emergent observation (revenue code 450).

⁶ All services within these categories require authorization when a member is in an observation level of care

⁷ Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity.

⁸ The first visit for newly ordered home care skilled services requires an authorization but will not require a prior authorization. RightCare will retrospectively approve the initial nursing evaluation visit when the written plan of care is received within four business days. Additional services rendered during the four business days will be retrospectively reviewed. Services may include home health aide, occupational therapy, pediatric therapy services, physical therapy, private duty nursing (PDN), skilled nursing, speech therapy, and social work.

⁹ To obtain a pharmacy prior authorization assistance, please call RightCare's PBM, Navitus, Toll Free at 1-877-908-6023, and select the prescriber option to speak with the Prior Authorization department between 6 a.m. to 6 p.m. Monday through Friday, and 8 a.m to 12 p.m. Saturday and Sunday Central Time (CT), excluding state approved holidays.