

**LEXINGTON SERVICE AREA (LSA)  
SERVICES THAT REQUIRE PRIOR PLAN APPROVAL**

Phone: (800) 491-4421 ext 4584 or (800) 955-8547

A Prior Plan Approval List is included below. The list of services requiring Prior Plan Approval or notification is subject to change. You may call Member Services during business hours for information regarding the PPA List. The following list represents services that require approval before the service is rendered. In addition, certain new medical technologies for diagnosis and treatment require Prior Plan Approval.

<b>Services</b>	
• Hospital inpatient admissions	• Organ transplants/blood and marrow transplants
• Skilled Nursing Facility (SNF) admissions	• Rehabilitation facility admissions
• Mental health and substance abuse facility inpatient, partial hospital and intensive outpatient services	• Nonemergent medical transportation
• Durable Medical Equipment (DME) purchases costing more than \$750 <b>and all DME rentals</b>	• Orthotics — professionally fitted braces and splints costing more than \$750
• Prosthetics — artificial limbs	
<b>Procedures, tests and services</b>	
• Abdominoplasty	• Accidental dental and general anesthesia benefit
• Benign skin lesion removal	• Blepharoplasty
• Breast reduction/augmentation	• Cochlear implant
• Coronary CT angiography (Reviewed by Humana)	• Home health services
• Hospice	• Immunization – some nonroutine immunizations including, but not limited to, Lyme Disease, RSA, Synagis, meningococcus
• Medication Preauth List (see page 2 & 3)	• Molecular Diagnostic/Genetic Testing*
• Neuropsychological testing	• Non-participating Physician/Facility Requests
• Nutritional counseling (other than diabetes)	• Obesity surgery
• Oral surgery	• Plastic or cosmetic surgery
• Pool therapy/exercise hydrotherapy	• Pulmonary rehab
• Rhinoplasty	• Sclerotherapy
• Septoplasty	• Speech therapy
• Surgery for snoring or sleep apnea (e.g. UPPP)	• Temporomandibular joint (TMJ) procedures
<b>Radiology Services (authorized by HealthHelp at 1-866-825-1550)</b>	
<b>(MRIs; CAT scans; or PET scans (except Coronary CT Angiography - which are reviewed by Humana), do not require authorization when done at UK Chandler or UK Good Samaritan Hospitals)</b>	

\* **Molecular diagnostic/genetic testing (MD/GT)** These services are administered by DNA Direct, a provider of MD/GT management services. UK-HMO requires that all requests for authorization of MD/GT be submitted to the Genetic Guidance Center at DNA Direct. Preauthorization requests may be submitted via the following options:

- Accessing DNA Direct's Web site at <http://humana.dnadirect.com>
- Calling Humana's Genetic Guidance Center at DNA Direct at 1-877-506-5193, 8 a.m. to 8 p.m. Eastern time, Monday through Friday

**Please note: The following categories are excluded from this requirement:** routine prenatal screening, routine inpatient newborn screenings, human leukocyte antigen (HLA) testing for transplant, chromosomal analysis for leukemia and lymphoma, and infectious disease testing considered to be standard of care.

## UK-HMO Medication Preauthorization List

For authorizations, contact the Medication Intake Team (MIT) at (866) 461-7273 or fax to 1-888-447-3430 – Refer to the following website for customized fax forms

[http://www.humana.com/providers/tools/prescription\\_tools/pre\\_certification.asp](http://www.humana.com/providers/tools/prescription_tools/pre_certification.asp)

<i>Preauthorization is required for the following drugs when <u>delivered in the physician's office, clinic, outpatient or home setting.</u></i>				
Brand	Generic		Brand	Generic
Aloxi	palonosetron HCl		Lucentis	ranibizumab
Aranesp	darbepoetin alfa		Mozobil	perixafor
Arcalyst	rilonacept		Myobloc	botulinum toxin type B
Avastin	bevacizumab		Neulasta	pegfilgrastim
Avonex	interferon beta-1a		Nplate	romiplostim
Betaseron	interferon beta-1b		Orencia	abatacept
Boniva	ibandronate sodium		Pegasys	peginterferon alfa-2a
Botox	botulinum toxin type A		Pegintron	peginterferon alfa-2b
Cerezyme	imiglucerase		Procrit	epoetin alfa
Cimzia	certolizumab pegol		Rebif	interferon beta-1a
Cinryze	c1 esterase inhibitor		Reclast	zoledronic acid
Copaxone	glatiramer acetate		Relistor	methylnaltrexone bromide
Dacogen	decitabine		Remicade	infliximab
Dysport	abobotulinumtoxin A		Remodulin	treprostinil (injection)
Emend IV	aprepitant		Rituxan	rituximab
Enbrel	Etanercept		Sandostatin LAR	octreotide
Epogen	Epoetin alfa		Simponi	golimumab
Erbix	Cetuximab		Soliris	eculizumab
Extavia	interferon beta-1b		Somavert	pegvisomant
Flolan	epoprostenol (injection)		Synagis	palivizumab
Forteo	teriparatide		Torisel	temsirolimus
Fusilev	levoleucovorin		Treanda	bendamustine HCL
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin		Tyvaso	treprostinil (inhaled)
Herceptin	trastuzumab		Vectibix	panitumumab
Humira	adalimumab		Velcade	bortezomib
Ilaris	canakinumab		Ventavis	iloprost (inhaled)
Increlex	mecasermin		Vidaza	azacitidine

**UK-HMO Medication Preauthorization List (continued)**

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Immune Globulin: Baygam, Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Iveegam, Octagam, Polygam S/D, Privigen, Vivaglobulin	immune globulin		Xolair	omalizumab
Ixempra	ixabepilone		Zometa	zoledronic acid
Kineret	anakinra			