



### **Reliance Medicare Advantage Prior Authorization List**

As part of Reliance Medicare Advantage prior authorization (preauthorization) and utilization management programs (also referred to as precertification), the following services and procedures require prior authorization:

All out of network care that is non emergent or urgent

All Inpatient Care- including Skilled Nursing Facility, Acute, Inpatient Rehab, LTACH, Behavioral health and Respite Care

Ambulance transportation – non emergency only

- Fixed Wing Transports

Bariatric Surgery

All Cosmetic procedures and plastic surgery

Cardiology

- Cardiac MRI

- Cardiac CT, CTA

- duplex extremity venous POS office only

- duplex arterial/ABI/stress POS office only

- Cardiac Monitoring-external mobile cv telemetry

- Cardiac Monitoring-Loop recorder

Chemotherapy

Durable Medical Equipment over \$500.00 billed charges

- Diabetic Shoes/Inserts Custom

- Diabetic continuous monitors/sensors

- Diabetic insulin pumps

- Oxygen

Experimental Procedures

- Emerging Technology/Procedures

Gender Reassignment Surgery

Homecare services:

All Home Health Aide visits

Skilled nurse visits greater than 12 visits/episodes

Physical Therapy visits greater than 12 visits/episodes

Occupational Therapy visits greater than 12 visits/episodes

Speech Therapy visits greater than 12 visits/episodes

Social Worker visit greater than 12 visits/episodes

Organ Transplants

Hyperbaric Oxygen Therapy

Infertility Testing

Injectables and Infusion Therapy

Miscellaneous Codes-all

Pain Management Services

Radiology/Diagnostic Imaging: following specialized procedures only

MRI TMJ

MRI/CT upper extremity

MRI/CT lower extremity

CT colonoscopy

CT heart

3D reconstruction

MRI SPECT

MRI unlisted

MRI breast

MRI/CT bone density

Cardiac PET non-Oncology

MUGA, infarct avid

Cardiac blood pool imaging

Electron beam US

F18FD6 PET

Scintigraphic mammography

MRA abd/breast/chest/pelvis/upper extremities

MRA spine and upper extremities

TTE with contrast

mobile services

Respiratory Therapy (outpatient or in-home only POS)

Wound Care

Vascular Surgery

Endovenous vascular procedures

Injection venous procedures

Varicose vein treatments all

### J Codes that require Authorization

J3490	Unclassified Drugs
J2504	Adagen
J1931	Aldurazyme
J0256	Aralast NP
J0881	Aranesp
J1786	Beleodaq
J9308	Boniva
J0586	Botox
J1743	Cerezyme
J3060	Cyramza
J9308	Dysport
J1743	Elarasese
J3060	Ellelyso
J0885	Epogen
J0178	Eylea
J0180	Fabrazyme
J1325	Flolan
J0257	Glassia
J2940	Growth Hormone
J2941	Growth Hormone
ALL	Immune Globulin iv and sq
J9271	Keytruda
J2778	Lucentis
J0221	Lumizyme
J0587	Myobloc
J0220	Myozyme
J1458	Naglazyme
J2505	Neulasta
J9299	Opdivo
J0885	Procrit
J0256	Prolastin-C
J0897	Prolia
J3489	Reclast
J1745	Remicade
J3285	Remodulin
J7686	Tyvaso
J1325	Veletri
J1322	Vimizim
J3385	VPRIV
J0588	Xeomin

J0897	Xgeva
J0775	Xiaflex
J0256	Zemaira