



**Reliance Medicare Advantage Prior Authorization List
2022**

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:

Ambulance transportation:

- Non-emergent ground ambulance
- Non-emergent fixed wing transports

Bariatric Surgery

Cardiology services:

- Cardiac MRI Cardiac CT
- Cardiac Monitoring
 - External mobile cardiovascular telemetry
 - Home monitoring systems
 - Loop recorder
- Cardiac Rehab
 - Inpatient services
 - Outpatient services greater than 24 visits
- Life vest

Chemotherapy

Cochlear implants

Cosmetic procedures and plastic surgery

DNA testing

Durable Medical Equipment (DME) over \$1,000 billed charges, and all of the following:

- Custom and Ultralight wheelchairs
- Custom orthotics (not including diabetic shoes/inserts)
- Diabetic continuous glucose monitors/sensors (CGM's)
- Diabetic insulin pumps
- Miscellaneous DME ALL

- Oxygen
- Power-operated vehicles/scooters

Emerging technology/procedures

Enteral feedings

Experimental procedures

Gender reassignment surgery

Genetic/molecular testing

Home Health services:

- Home Health Aide visits-all
- Skilled nursing-greater than 12 visits/episodes
- Physical Therapy-greater than 12 visits/episodes
- Occupational Therapy-greater than 12 visits/episodes
- Speech Therapy-greater than 12 visits/episodes
- Social Worker-greater than 12 visits/episodes

Hyperbaric Oxygen Therapy

Infertility Testing

Injectables (see J Code list) and Infusion Therapy (includes infusion pump/supplies)

Inpatient care including Skilled Nursing Facility, Acute, Inpatient Rehab, Long Term Acute Care Hospital (LTAC), Behavioral health and Respite Care (Note: this includes non-emergent acute care hospital transfers)

Miscellaneous codes (all)

Organ Transplants

Orthotics

Out-of-network services (excluding emergent or urgent care)

Occupational therapy (outpatient) – greater than 12 visits

Pain management

Part B covered drugs

Physical therapy (outpatient) -greater than 12 visits

Podiatry implants

Prosthetics

Pulmonary rehab- greater than 12 visits

Radiology/Diagnostic Imaging:

- MRI TMJ
- MRI/CT upper extremity
- MRI/CT lower extremity
- CT heart
- 3D reconstruction (non-breast)
- MRI SPECT
- MRI unlisted
- MRI breast
- MRI/CT bone density
- Cardiac PET non-oncology
- MUGA, infarct avid
- Cardiac blood pool imaging
- Electron beam US
- F-18 FDG PET/CT
- Scintigraphic mammography
- MRA abdomen/breast/chest/pelvis/upper extremities
- MRA spine and upper extremities
- Mobile services

Respiratory Therapy (POS outpatient or in-home only)

Speech processors

Speech therapy (outpatient) – greater than 12 visits

Transportation (non-emergent)

Vascular assist devices (VAD's) (ALL)

Vascular surgery procedures:

- Endovenous vascular procedures
- Injection venous procedures
- Varicose vein treatments

Wound Care (outpatient wound clinic)

Wound care products (human cell and tissue)

J Codes requiring prior authorization:

J0178	Eylea
J0180	Fabrazyme
J0220	Myozyme
J0221	Lumizyme
J0256	Aralast NP
J0256	Prolastin-C
J0256	Zemaira
J0257	Glassia
J0585	Botulinum toxin a
J0586	Botox
J0587	Myobloc
J0588	Xeomin
J0775	Xiaflex
J0881	Aranesp
J0885	Procrit
J0897	Prolia
J0897	Xgeva
J1322	Vimizim
J1325	Flolan
J1325	Veletri
J1458	Naglazyme
J1743	Cerezyme
J1743	Elarasese
J1745	Remicade
J1786	Beleodaq
J1931	Aldurazyme
J2504	Adagen
J2505	Neulasta
J2778	Lucentis
J2793	Arcalyst (riloncept)
J2940	Growth Hormone
J2941	Growth Hormone
J3060	Cyramza
J3060	ElELYso
J3285	Remodulin
J3385	VPRIV
J3489	Reclast
J3490	Unclassified Drugs
J3490	Empaveli (peqcetacoplan)
J3590	Unclassified biologics
J3590	Empaveli (peqcetacoplan)
J3590	Aduhelm (aducanab)