

2011 DMC Care Prior Authorization List

EXHIBIT A

You must call 877-501-0958 for pre-authorization before you or any of your covered dependents receive the following medical services marked with an X:

INPATIENT CARE (All inpatient admissions require notification prior to admission)	Tier 1	Tier 2*	Tier 3*	Tier 4*
All Elective In-Patient Hospital Admissions	X	X	X	X
Emergency / Urgent Admissions	X	X	X	X
Obstetrical (OB) Admissions (exceeding 48 hrs LOS for vaginal delivery & 96 hours for C-Section delivery) ¹	X	X	X	X
All Rehab Admissions (prior to admission)	X	X	X	X
All Skilled Nursing Facility Admissions (prior to admission)	X	X	X	X
All Sub-Acute Admissions (prior to admission)	X	X	X	X
OUTPATIENT DIAGNOSTIC PROCEDURES	Tier 1	Tier 2*	Tier 3*	Tier 4*
CT Scan (any anatomic location)	Not Required	X	X	X
MRI/MRA (any anatomic location)	X	X	X	X
PET Scan	Not Required	X	X	X
CTA (Computed Tomographic Angiography) (Non- Cardiac)	Not Required	X	X	X
CTA/CCTA(Computed Coronary Tomography Angiography) ²	X	X	X	X
Capsule Endoscopy	X	X	X	X
Cardiac Event Monitors (Real-time continuous)	X	X	X	X
Following services provided in a doctor's office will not be covered: MRI/MRA, CT Scan, PET Scan, CTA, CCTA, Nuclear Testing ³	Not Covered	Not Covered	Not Covered	Not Covered
SURGICAL PROCEDURES	Tier 1	Tier 2*	Tier 3*	Tier 4*
Sclerotherapy/Ligation of Varicose Veins (All Treatments/Surgery)	X	X	X	X
Breast Repair and/or Reconstruction (Related to non-cancer diagnosis or history)	X	X	X	X
Breast Reduction -Mammoplasty	X	X	X	X
Uterine Artery Embolization	Not Required	X	X	X
Bariatric Surgery	X	Not Covered	Not Covered	Not Covered
Cochlear Implants (Age Restrictions, Coverage: DMC Care Plus Only)	X	Not Covered	Not Covered	Not Covered
All Spinal (Back)	X	X	X	X
Any Cosmetic Procedure- (Performed at a Facility) (See list per SPD Manual. Does not include mole removal, skin lesion removal or skin tag removal)	X	X	X	X
Transplants (Organ, Bone Marrow & Corneal) & Related Services ⁴	X	X	X	X
Keloids (Surgery)	X	X	X	X
REHABILITATION THERAPY	Tier 1	Tier 2*	Tier 3*	Tier 4*
Physical Therapy, Occupational Therapy or Speech Therapy (17 years of age and under)	X	X	X	X
Physical Therapy, Occupational Therapy or Speech Therapy (Extension Beyond 30 visits-regardless of age)	X	X	X	X
Cardiac and Pulmonary Rehabilitation Services	X	X	Not Covered	Not Covered
HOME HEALTH CARE	Tier 1	Tier 2*	Tier 3*	Tier 4*
Hospice (Inpatient/Home)	X	X	X	X
Home Care (Skilled Nurse, Social Worker, Home Health Aide, Other)	X	X	X	X
Physical Therapy/Occupational Therapy/Speech Therapy	X	X	X	X
Infusion Therapy	X	X	X	X
OTHER	Tier 1	Tier 2*	Tier 3*	Tier 4*
Hemodialysis / Home Dialysis/ CAPD (Continuous Ambulatory Peritoneal Dialysis)	X	X	X	X
Infusion Therapy (Covered only for Facility Based or Infusion Center)	X	X	X	Not Covered
Exception: chemotherapy for cancer related care				
Botulinum Toxin (Botox/Myobloc) (Physician Office)	X	X	X	X
Hyperbaric Oxygen Therapy	X	X	X	X
Unique Services/Procedures (Including Not Available at any DMC Facility)	X	X	X	X
Donor Transplant Related Services	X	Not Covered	Not Covered	Not Covered
DURABLE MEDICAL EQUIPMENT (DME)	Tier 1	Tier 2*	Tier 3*	Tier 4*
Durable Medical Equipment (DME) (Single purchase items with costs/purchase price greater than \$1,000)	X	X	X	X
All DME Rentals including but not limited to C-PAP, BiPAP, Oxygen, Insulin Pumps, Ventilators, Wound Vacuums	X	X	X	X
Prosthetics and Orthotics (including braces) over \$1,000 per item	X	X	X	X
Vagus Nerve Stimulator, Bone Growth Stimulator, Sacral Nerve Stimulator, Neuromuscular Electrical Stimulator, Spinal Stimulator, Electrical Stimulators	X	X	X	X
Continuous Glucose Monitoring Devices	X	X	Not Covered	Not Covered
Enteral Formula	X	X	X	X
Communication Devices	X	X	X	X
GENETIC TESTING	Tier 1	Tier 2*	Tier 3*	Tier 4*
Oncotype DX Breast Cancer Assay (Breast Cancer only)	X	X	X	Not Covered
Breast Cancer: BRCA 1 & BRCA 2 Genetic Testing	X	X	X	X
Genetic Testing (All Types)	X	X	X	X

Please note: Authorization of a service/procedure does not eliminate the member's responsibility for co-pays, deductibles or coinsurance.

Authorization of a service DOES NOT guarantee payment.

* Tier 2, 3, & 4 services will result in higher out of pocket costs for the member (co-pays & co-insurance)

REVIEW LIMITATIONS/EXCLUSIONS FOR CERTAIN SERVICES AS DETAILED IN THE DMC CARE SUMMARY DESCRIPTION PLAN (SPD) BOOKLET AND ADDENDUMS FOR 2010-2011.

AUTHORIZATION EXCEPTIONS:

¹ Authorization is required for OB deliveries that exceed the standard admission timelines: 48 hours for Vaginal & 96 hours for C-Section

² Coronary CTA must be ordered by a Cardiologist

³ Nuclear cardiac stress tests performed in a Tier 1 Cardiology/Cardiovascular office may be covered; Refer to the DMC Care website @ dmc-care.org for additional information

⁴ Tier 2, 3, & 4 Transplant services managed per DMC Care Transplant Network

Mental Health/Behavioral Health Services – CALL VALUEOPTIONS (877-362-2472) prior to starting treatment or services for mental health, behavioral health or substance abuse needs.

NOTE: This list may be updated throughout the year. Please visit the DMC Care website at <http://www.dmc-care.org> or call 1-800-543-0161 for the most current listing.