



**TEXAS AND SOUTHWESTERN ARKANSAS  
PRIOR AUTHORIZATION LIST  
FOR DATES OF SERVICE ON OR AFTER JANUARY 1, 2016**

**Prior Authorization (PA) Requirements**

This Cigna-HealthSpring Prior Authorization list supersedes any lists that have been previously distributed or published—older lists are to be replaced with the latest version.

**Cigna-HealthSpring Prior Authorization (PA) Policy**

PCP's or referring health care professionals should **OBTAIN** Prior Authorization **BEFORE** services requiring Prior Authorizations are rendered. Prior Authorizations may be obtained via HealthSpring Connect (HSC) or as otherwise indicated in the Health Services section of the 2016 Provider Manual. Please see the HealthSpring Connect section of the provider manual for an overview of the HSC portal capabilities and instructions for obtaining access.

Rendering providers should **VERIFY** that a Prior Authorization has been granted **BEFORE** any service requiring a Prior Authorization is rendered. Prior Authorizations may be verified via HealthSpring Connect (HSC) or as otherwise indicated in the Health Services section of the Provider Manual.

**IMPORTANT** – Prior Authorization and/or Referral Number(s) is/are not a guarantee of benefits or payment at the time of service. Remember, benefits will vary between plans, so always verify benefits.






**Cigna-HealthSpring Referral Policy**












Cigna-HealthSpring values the PCP's role in directing the care of customers to the appropriate, participating health care professionals. Participating specialists are contracted to work closely with our referring PCPs to enhance the quality and continuity of care provided to Cigna-HealthSpring customers.











**Although a Prior Authorization may not be required for certain services, a REFERRAL from a PCP to a Specialist MUST BE in place.** The Referral should indicate PCP approved for a consultation only or for consultation and treatment, including the number of PCP approved visits.

Refer to the online directory at [www.cignahealthspring.com](http://www.cignahealthspring.com) or contact **Provider Services, toll-free phone: (800) 230-6138** to locate an in-network health care professional or facility.

Procedures/Services	PA Required	PA Not Required	Comments
Admissions			Admissions include: <ul style="list-style-type: none"> <li>• Inpatient Medical and Behavioral Health Admissions</li> <li>• Inpatient Observation</li> <li>• Inpatient Rehabilitation</li> <li>• Skilled Nursing Facility</li> <li>• LTAC</li> <li>• Intermediate Care Facility/Assisted Living</li> </ul>
Allergy Injections without a MD visit		<b>X</b>	
Allergy Serum and Testing		<b>X</b>	No authorization required with a specialist referral

Procedures/Services	PA Required	PA Not Required	Comments
Ambulance (Air or Ground)	See Comments →		<p><b>Non-Emergent Transports <u>do require authorization</u></b></p> <p><b>Facility to Facility Transports <u>do not require authorization</u></b></p> <p><b>Emergent Transports <u>do not require authorization</u></b></p>
Amniocentesis		X	
Angioplasty/Cardiac Catheterization/Stents (cardiac and renal)			
Arteriogram/Angiogram			
Audiogram		X	
Biopsy		X	
Blood Services (Outpatient)		X	
Bone Density Study		X	
Breast Prosthesis (inserts)		X	CMS limits coverage to one prostheses every other year with appropriate coding
Bronchoscopy		X	
Cardiac Monitoring		X	Any duration; placed on patient in any location (office, hospital, outpatient, etc.)
Cardiac Rehab		X	Only covered for specific conditions under Medicare guidelines
Cardiac Testing			
Cardioversion		X	
Chemotherapy			Initial treatment only
Chiropractic			Only covered for specific conditions under Medicare guidelines
Corticosteroid Injections		X	
CT Scans <ul style="list-style-type: none"> <li>• Fast (EBCT)</li> <li>• 64 Slice</li> <li>• CTA Scans – all modalities</li> </ul>			<p>Requests for authorization should be directed to eviCore (formerly MedSolutions) for approval <sup>1</sup></p> <p><a href="http://www.evicore.com/Pages/ProviderLogin.aspx">www.evicore.com/Pages/ProviderLogin.aspx</a> or 888-693-3211</p> <p><b>NOTE:</b> Low Dose CT Scan (LDCT) for Lung Cancer Screening is a preventive service benefit under the Medicare Program that requires no referral but authorization is required. <b>DO NOT</b> direct requests for authorization to <b>eviCore</b> as requests are managed by the health plan. Applies to CPT codes <b>G0297</b> or <b>S8032</b>.</p>
Diabetic Shoes and Inserts		X	CMS payment guidelines dictate the number of shoes/inserts covered by diagnosis/condition
Diabetic Supplies and Monitors			Prior authorization required under Part B benefit for non-preferred products or when quantity limits are exceeded for preferred products.
Doppler/Duplex Studies		X	

Procedures/Services	PA Required	PA Not Required	Comments
Durable Medical Equipment (DME)	See Comments →		<p><b>Prior Authorization is required for:</b></p> <ul style="list-style-type: none"> <li>• All rental DME</li> <li>• Purchased DME <b>per contract rates, per line item greater than \$500</b>; certain items require prior authorization regardless of price <sup>2</sup></li> <li>• All supplies <b>per contract rates, per line item greater than \$500</b></li> <li>• All repairs to DME</li> </ul>
Echocardiogram (ECG) <ul style="list-style-type: none"> <li>• Transthoracic Echo (TTE)</li> <li>• Transesophageal Echo (TEE)</li> <li>• Stress Echo</li> </ul>			Requests for authorization should be directed to eviCore (formerly MedSolutions) for approval <sup>1</sup> <a href="http://www.evicore.com/Pages/ProviderLogin.aspx">www.evicore.com/Pages/ProviderLogin.aspx</a> or 888-693-3211
Electrocardiogram (EKG)		X	
Electroencephalogram (EEG)		X	
Electromyography (EMG)			
Electrophysiology (EP)		X	
Education		X	Includes diabetic education, nutritional counseling, and smoking cessation
Endoscopy		X	
Genetic Testing/Molecular Diagnostics/Pharmacogenetic Testing			Only covered under certain conditions under Medicare guidelines
Hearing Aid		X	Some plans provide limited hearing aid benefit; see Customer Evidence of Coverage (EOC)
Hemodialysis		X	
Home Health Services			
Home Infusion			
Interventional Radiology			
Lab work		X	Must use contracted provider
MRA (all modalities)			Requests for authorization should be directed to eviCore (formerly MedSolutions) for approval <sup>1</sup> <a href="http://www.evicore.com/Pages/ProviderLogin.aspx">www.evicore.com/Pages/ProviderLogin.aspx</a> or 888-693-3211
MRI (all modalities)			Requests for authorization should be directed to eviCore (formerly MedSolutions) for approval <sup>1</sup> <a href="http://www.evicore.com/Pages/ProviderLogin.aspx">www.evicore.com/Pages/ProviderLogin.aspx</a> or 888-693-3211
Myelogram		X	
Nuclear Cardiac Studies			Requests for authorization should be directed to eviCore (formerly MedSolutions) for approval <sup>1</sup> <a href="http://www.evicore.com/Pages/ProviderLogin.aspx">www.evicore.com/Pages/ProviderLogin.aspx</a> or 888-693-3211
Nuclear Radiology Studies			<p><b>Prior Authorization is <u>NOT</u> required for:</b></p> <ul style="list-style-type: none"> <li>• Whole body nuclear bone scans</li> <li>• Thyroid Uptake Studies</li> <li>• Gastric Emptying Study</li> <li>• HIDA Scan</li> <li>• DEXA Scan</li> <li>• VQ Scan</li> <li>• Parathyroid Scan</li> </ul>
Occupational Therapy			

Procedures/Services	PA Required	PA Not Required	Comments
Orthotics	See Comments	→	<b>Prior Authorization is required for:</b> <ul style="list-style-type: none"> <li>• Purchased Orthotics <b>per contract rates, perline item, greater than \$500</b></li> <li>• All repairs to Orthotics</li> </ul>
Outpatient Observation			
Outpatient Surgical Procedures			Outpatient hospital and ambulatory surgical centers require prior authorization. Exceptions to outpatient surgical procedure authorization requirements are specifically addressed in this document. All others require authorization
Oxygen Equipment			
Part B - Outpatient Biologicals/Drugs	See Comments	→	Part B prior authorization list and request form is available on the Cigna-HealthSpring health care professional website. Medicare Part B drugs may be administered and a backdated prior authorization obtained in cases of emergency. Definition of emergency services is in accordance with the provider manual
Peritoneal/Home Dialysis		X	
Physical Therapy			
Podiatry			Only covered for specific conditions under Medicare guidelines
Positron Emission Tomography (PET)			Requests for authorization should be directed to eviCore (formerly MedSolutions) for approval <sup>1</sup> <a href="http://www.evicore.com/Pages/ProviderLogin.aspx">www.evicore.com/Pages/ProviderLogin.aspx</a> or 888-693-3211
Preventive Screenings		X	Include mammogram, pap test, colonoscopy, flu and pneumonia vaccines, bone density, glaucoma screening
Prosthetics	See Comments	→	<b>Prior Authorization is required for:</b> <ul style="list-style-type: none"> <li>• Purchased Prosthetics <b>per contract rates, per line item, greater than \$500</b></li> <li>• All repairs to Prosthetics</li> </ul>
Pulmonary Rehab		X	Only covered for specific conditions under Medicare guidelines
Radiation Therapy			Prior authorization only required for IMRT, Gamma knife, Cyber knife, and Selective Internal Radiation Therapy (SIRT)
Respiratory Therapy	See Comments	→	Prior Authorization <b>required</b> for in home  Prior Authorization <b>not required</b> for in hospital or outpatient setting
Sleep Study			
Specialty Services			PCP referral to specialty physician is required
Speech Therapy		X	
Ultrasound		X	
Wound Care (Physician Office or Outpatient Wound Center)			
X-ray		X	

1. eviCore (formerly MedSolutions) Diagnostic Imaging Management Program will apply to membership in the following regions: ALP, ARFS, ARKL, DOC, EPIC, HOPE, INDT, LVPA, NTXH, NTXP, OKLA, SWTX, TXAR excluding HUM\_PFFS/LPPO within TXAR, and VIP. The program may or may not apply to IPA membership; please refer to your IPA directory for additional information.
2. DME requiring prior authorization regardless of price – chest wall oscillation vest, conductive garment for TENS or NMES, cough stimulating device, cuirass chest shell, external defibrillator, gel pressure pad or non-powered pressure overlay for mattress, hydrocollator portable unit, implantable infusion pump, incontinent treatment system, pelvic floor stimulator, jaw motion rehab system, manual and power wheelchair cushions and accessories, osteogenesis stimulator, pneumatic compression device and/or any appliance to use with it, powered wheelchair or scooter, seat lift mechanism, shoulder flexion rotation device, speech generating device, TENS device, traction equipment