



PROCEDURES REQUIRING PRIOR AUTHORIZATION

- Ambulance transport: Non-emergency
- Brachytherapy
- Cardiac catheterizations
- Chemotherapy \$10,000.00 and greater in billed charges per treatment
- Cosmetic procedures: Not covered
- Dialysis (including but not limited to Peritoneal and Hemodialysis)
- Drug Screening Tests
- Drugs with JW modifier codes
- Durable Medical Equipment (DME):
 - DME greater than \$2,000.00
 - DME regardless of cost:
 - Ambulatory Assistive Devices (excluding crutches, canes and walkers)
 - Continuous Passive Motion Machines
 - CPAP and BIPAP machines
 - Custom DME
 - Home Ventilators
 - Insulin Pumps and Supplies
 - Power Wheelchairs and accessories
 - Prosthetics (excluding breast prosthetics)
 - Wound Vac devices
- Genetic/Chromosome/DNA testing
- Hearing aids children 18 years of age or younger (excluded for adults)
- Hemophilia factor medications (or anti-hemophilia factor medications)
- Home Health Services
- Home infusions including medications
- Hospice care
- Hyperbaric Oxygen Therapy
- Imaging (excluding plain x-rays)
- Implantable Devices
- Infusion therapies
- Inpatient admissions
- Joint replacement surgeries
- Observation stays:
 - 1) Less than or equal to 23 hours and 2) 24 hours or over (will be considered an inpatient stay)
- Outpatient rehabilitation therapies (Speech, PT, and OT) - excluding chiropractic rehabilitation therapies
- Pain Management Invasive Procedures (including but not limited to Epidural Steroid, Facet and Botox injections)
- Proton Beam Therapy
- Skilled Nursing Facilities
- Sleep Studies performed in a lab or facility (home sleep studies do not require prior authorization)
- Specialty medications
- Transplant evaluation and approval
- Varicose Veins
- Spinal surgeries

SURGERY: All in a hospital or ambulatory surgical facility

EXCLUDING T&A, Tympanostomy, Hernia repair, Appendectomy, Cholecystectomy, endoscopy and/or colonoscopy procedures, Minor office procedures under local anesthesia.

Non-Covered Procedures

Including but not limited to Cosmetic Procedures (sclerotherapy, blepharoplasty, rhinoplasty, septoplasty, etc.), Gastric Bypass procedures, Bariatric Surgery, Removal of or attention to bariatric implanted devices, Experimental or Investigational procedures, Gender Reassignment procedures.

For updates to this list, visit AlliantPlans.com; select Providers then select Forms and Documents under the Main Menu. Then select "Procedures Requiring Prior Authorization" under Medical Resources.

To obtain a Prior Authorization, please call (800) 865-5922 or fax a completed Prior Authorization Form to (866) 370-5667.

If in doubt, please contact Customer Service at (800) 811-4793.

Notice of Non-Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Sabrina LeBeau.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

