

The requesting provider is responsible for verifying the member's eligibility and benefits on the date of service. Prior Authorization approval is subject to all plan limits and exclusions. Please note, Prior Authorization requirements apply to all in-network and out-of-network providers. Alliant Health Plans may need to assist in returning the Member to an in-network Provider when it is medically safe.

The below list of services which require Prior Authorization is not inclusive. For prior authorization requirements by specific code, you may use the Prior Authorization Verification Tool located in your Provider Portal or in the Provider section of AlliantPlans.com, or contact Client Services at **(800) 811-4793.**

Advanced Imaging	 CT PET MRI MRA Magnetic Resonance Cholangiopancreatography Magnetic Resonance Spectroscopy Myocardial Perfusion Imaging Magnetic Resonance Guidance
BEHAVIORAL HEALTH	 Inpatient Intensive Outpatient Treatment Program Partial Hospitalization Program (PHP) Residential Treatment Center services
CLINICAL TRIAL RELATED SERVICES	All covered services related to an approved clinical trial
DIALYSIS	All Dialysis



DME:
 Ambulatory Assistive Devices (excluding crutches, canes and walkers)
Continuous Glucose Monitoring
Continuous Passive Motion Machines
CPAP and BIPAP machines
Custom DME
Home Ventilators
Helmets
Hospital Beds and Accessories
Infusion Pumps
Orthotics
Prosthetics (excluding breast prosthetics)
Wheelchairs and accessories
Wound Vac devices
All Hyperbaric Oxygen Therapy
 All inpatient admissions require Prior Authorization, including but not limited to: Neonatal Intensive Care Unit admissions Levels II, III, or IV (Revenue codes 0172, 0173, or 0174)
EXCEPTION: Maternity related inpatient admissions do not require Prior Authorization.
Genetic
Chromosomal
• DNA
Molecular Pathology
All Observation stays require Prior Authorization, except observation admissions from the Emergency Room do not require Prior Authorization.



OUTPATIENT SERVICES	Including, but not limited to:
	Abdominoplasty
	Arthroscopy
	Blepharoplasty
	Brachytherapy
	Breast Reduction
	Cardiac Surgery and Procedures
	Carpal Tunnel Surgery
	Chemodenervation
	Cochlear Device
	Dental Related
	Electroencephalogram
	Excess Skin Removal
	 Facial and Ear Revision/Augmentation/Reconstruction
	Gastrointestinal Capsule Endoscopy
	Hysterectomy and Related Procedures
	Implantable Devices
	Interdental Fixation
	Joint Repair/Reconstruction/Replacement
	Mastectomy
	• EXCEPTION: Breast cancer diagnoses do not require Prior Authorization.



OUTPATIENT SERVICES (CONT'D)	 Mohs Surgery Orchiectomy Pain Management Invasive Procedures (including but not limited to Epidural Steroid, Facet and Botox injections) Panniculectomy Reconstructive Repair Pectus Excavatum Scrotoplasty Sinus and Nasal Surgery Skin Color Correction Sleep Studies EXCEPTION: Unattended sleep studies Spine Surgery Stomach/Colon Surgery Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Transplant Related Services/Procedures Treatment of contour defects Pregnancy Reduction(s) Neurostimulator Unlisted Procedure Male Genital System Vaginal/Perineum Surgery Vein Ligation Varicose Vein Treatment Vascular Embolization or Occlusion
OUTPATIENT THERAPIES	All Outpatient Therapies
	 Exceptions: Evaluations Physical Therapy Occupational Therapy Chiropractic therapeutic rehabilitation services



PHARMACY	 For specialty or other pharmacy medications, a prior authorization may be required. Contact Magellan Rx, Alliant Health Plan's Pharmacy Benefit Manager, at (800) 424-1799 option 3, option 1. For provider administered medications in an office setting or infusion center, a Prior Authorization may be required through our Medical Pharmacy program. For further information and/or to obtain Prior Authorization, call (800-424-1799 option 3, option 2, option 1or visit the Medical Pharmacy Prior Authorization Web Portal Further specific medication information is available on the formulary page of AlliantPlans.com.
RECONSTRUCTIVE SURGERY	Reconstructive Surgery, including, but not limited to breast reconstruction, is covered only to the extent Medically Necessary.
	NOTE: Beautification Procedures are not covered. Refer to the Certificate of Coverage for Non-Covered Services.
TRANSPLANT SERVICES	All transplant procedures, including transplant evaluations must be Prior Authorized and be Medically Necessary and not Experimental or Investigational, according to criteria established by Alliant. Providers should contact Alliant Health Plans to verify participating facilities in the transplant network before referring Members for transplant evaluation or services, which could result in a transplant (e.g., high dose chemotherapy). It is critically important, to both the Provider and Member, that Alliant Health Plans Case Management Department be contacted as soon as the Member has completed the evaluation, and the Provider has deemed the Member as an appropriate candidate to be listed for transplant. To initiate a transplant authorization, call Alliant Health Plans at (800) 865-5922.
TRANSPORTATION	Ambulance air transport: Non-emergent
NON-COVERED SERVICES AND PROCEDURES	Refer to the Certificate of Coverage for Non-Covered Services.

The information included on this list may change periodically. For updates to the listing, visit <u>AlliantPlans.com</u>, select Providers, and select Forms and Documents under the Main Menu. 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 you have additional questions, please contact Client Services at (800) 811-4793.