

ADVANTAGE Health Solutions, Inc.
St. Vincent CMO | Suburban Health Organization PHO Networks

2016 Services Requiring Prior Authorization

All Out-of-Network services performed by non-contracted hospitals, physicians or vendors require prior authorization, including OON Urgent Care Centers	
All Admissions (includes clinical updates for continued stay upon request)	<ul style="list-style-type: none"> • Observation and Inpatient Hospitalization (acute & sub-acute) • Facility admissions including Skilled Nursing, Hospice, Rehabilitation, TCU
Radiology	<ul style="list-style-type: none"> • MRI – Spine (includes Cervical) • MRI – Knee • Non-Oncology related PET Scans
Outpatient Services	<ul style="list-style-type: none"> • Cosmetic/Aesthetic Procedures • Dialysis and Epogen administration with Dialysis • Transplant request • Genetic Testing (excludes routine prenatal tests) • Endoscopy Services; UGI and colonoscopies <i>not meeting</i> screening criteria guidelines • Infertility services & treatments • Surgeries of the neck and back • Investigational and experimental procedures
Pain Management	<ul style="list-style-type: none"> • Pain Management programs including interventional pain management procedures (Excludes trigger point injections) • Introduction of agent (epidural, facet injections): 62280, 62281, 62282, 62310, 62311, 62318, 62319, 64479, 64480, 64483, 64484, 64490 • Destruction by agent (rhizotomies, etc): 64633 – 64636 • All codes associated with Neurostimulator Implantation or Removal • Unlisted procedure of the nervous system: 64999
Home Health Services	<ul style="list-style-type: none"> • All services provided within the home setting including PT/OT/ST, Home Infusion, Hospice Care, TPN, and other skilled services
Durable Medical Equipment	<ul style="list-style-type: none"> • All DME purchases over \$800, includes: <ul style="list-style-type: none"> ○ Wheelchairs ○ CPAP (initial purchase) ○ Hospital beds ○ Insulin pump (initial purchase) • Orthotics & Prosthetics • Non-Specific HCPC Codes (Providers must have a contracted rate for billed HCPC codes that fall into this category)
Therapy Services	<ul style="list-style-type: none"> • ABA Therapy <ul style="list-style-type: none"> ○ 96150-96155 & 97530-9753 ○ Includes all PT/OT/ST services provided by an ABA Center currently participating in the Midwest Behavioral Health Network

Standard Authorization Requests: Non-Emergent request need to be 2 business days prior to requested service date. Fax your request; including CPT, HCPS Codes and ICD-10 Codes with clinical documentation for all Authorization Request to:
Fax: (317) 570-6818 or (800) 747-3693 | Phone: (317) 570-9999 or (866) 482-5254

Referrals Suburban Health Organization supports the concept of the PCP as the “medical Home” for its members. PCPs may refer members to in-network specialists when services are rendered at an office, clinic or free standing facility