

## Atlantis Health Plan Quick Reference Pre-authorization Guide

In general, all elective inpatient admissions and outpatient surgical procedures require Pre-authorization. Certain diagnostic and imaging studies, durable medical equipment/supplies and prescriptions also require Pre-authorization.

If you are receiving care from a Participating Provider, he/she will be responsible for obtaining Pre-authorization. If you are using your Out-of-Network (OON) benefits, it is your responsibility to obtain approval from Atlantis. Since clinical information is needed for Pre-authorization determinations, you should ask your OON provider to assist you in obtaining Pre-authorization from the Plan. **Please note that if you do not request Pre-authorization from Atlantis in advance, you will be subject to a 50% penalty of what the Plan will reimburse for the service in addition to any applicable deductible and or coinsurance.**

When submitting a request, the following must be provided to the Plan:

- a. Patient information
- b. Diagnosis (ICD-9)
- c. History, physical findings and results of tests
- d. Requested procedure/test and medical necessity for the request (Specify CPT code)
- e. Any other pertinent clinical information that may expedite the authorization process

Medical necessity determinations will be completed within three (3) business days after the Plan receives the above information. The Member or designee and his/her provider will be notified by telephone and in writing of the determination.

To support the Pre-authorization process, Atlantis Health Plan's Utilization Management (UM) staff is available at 800-270-9072 from 9am-5pm, Monday to Friday. This secured telephone line is available for voice mail messages after normal business hours. Calls will be returned the next business day. Additionally, clinical information may be faxed to 212-747-8375 on a 24/7 basis.

**Note:** This is an abbreviated list and is intended to serve only as a quick-reference tool for members. This list is regularly updated by the Plan.

Procedures & Services	Prior Authorization	No Authorization
<b>Ambulance</b>	<b>X</b> Non-emergency transfers	
<b>Ambulatory/Outpatient surgery &amp; procedures including dialysis, radiation treatment</b>	<b>X</b>	
<b>Anesthesia (MAC) for Office-Based Procedures including endoscopies</b>	<b>X</b>	
<b>Assistant Surgeon/Co-surgeon</b>	<b>X</b>	
<b>Cardiac/Pulmonary Rehabilitation</b>	<b>X</b>	
<b>Chiropractic Visits</b>	<b>X</b> By Provider of Service After 20 Visits	The first 20 visits do not need medical review but UM needs to be notified at 800-270-9072
<b>Imaging Studies-</b> CT, MRI, MRA, Nuclear Medicine, PET Scans, OB Ultrasounds (in excess of 2) during pregnancy	<b>X</b>	



<b>Diagnostic procedures-</b> EEG, EMG, nerve conduction studies, nuclear stress tests, uroflowmetry studies	<b>X</b>	
<b>Durable Medical Equipment (DME)</b> - Please call Member Services for more information	<b>X</b> <b>Prior approval should be obtained by vendor if &gt; \$500</b>	<b>X</b> <b>If &lt; \$500</b>
<b>Genetic Testing</b>	<b>X</b>	
<b>Laboratory</b> - Participating Free-Standing Lab (CBC and a Rapid Strep test maybe done by PCP in the office )		<b>X</b>
<b>Home Infusion Therapy</b>	<b>X</b>	
<b>Home Health Services</b> - (RN,PT/OT, HHA)	<b>X</b>	
<b>Hospice</b>	<b>X</b>	
<b>Inpatient Care</b> (Hospital, Rehabilitation, Subacute, Skilled Nursing Facility)	<b>X</b>	
<b>Medications-</b> Including Chemotherapy/Biotherapy, Injectables	<b>See Prescription list below</b>	
<b>Mental Health and Substance Abuse</b> (alcohol and chemical)- inpatient admission, outpatient visits, inpatient detoxification, outpatient visits for substance abuse	<b>X</b> <b>After the 8th visit</b>	The first 8 visits do not need medical review but UM needs to be notified at 800-270-9072
<b>Optometry</b> – Routine Annual Exam		<b>X</b> <b>Call Member Services at 866-747-8422</b>
<b>Pain Management (outpatient)</b>	<b>X</b>	
<b>Physical/Occupational/Speech Therapy</b>	<b>X</b> <b>After the 8th visit</b>	The first 8 visits do not need medical review but UM needs to be notified at 800-270-9072
<b>Sleep Studies; Transplant</b>	<b>X</b>	
<b>Specialist Providers/Facility Transfers</b> – Non-participating (physicians, facilities, ancillary services)	<b>X</b> <b>(For HMO &amp; HNY Members)</b>	

#### Medications Requiring Pre-authorization:

Certain drugs undergo medical necessity review before they can be dispensed. These reviews are done for quality control and safety to ensure that you receive adequate supervision from the provider who prescribes them. The list of drugs that need Pre-authorization is updated regularly by the plan.

Medications Requiring Pre-authorization								
Abilify	Canasa	Epogen	Invirase	Neulasta	Rebetron	Sancuso	Targretin	Videx EC
Accutane	Carimmune	Epzicom	Isentress	Neupogen)	Rebif	Sandostatin	Tazorac	Viramune
Actiq	Cerezyme	Exjade	Junavia	Omnitrope	Regranex	Sekalexin	Temodar	Viread
Actos	Cesamet	Fentanyl	Kadian	Nexium*	Remicade	Sensipar	Testim	Xeloda
Adoxa	Cimzia	Fentora	Kaletra	Norditropin	Rescriptor	Serostim	Tev-tropin	Xyrem
Aldara	Claravis	Filgrastim	Kapidex*	Norvir	Restasis	Simponi	Thalomid	Zerit
Amitiza	Combivir	Forteo	Kineret	Nutropin AQ	Retin A and Retin-A Micro	Soma	Topamax	Ziagen
Apriso	Copaxone	Fragmin	Kuvan	Nuvigil	Retrovir	Sonata	Toradol	Zoladex
Aptivus	Copegus	Fuzeon	Lamictal	Pegasys	RespiGam	Sotret	Tracleer	Zomig
Atralin	Crixivan	Genotropin	Letairis	Pegfilgrastim	Revatio	Stavzor	Trentin X	Zorbitive
Atripla	Differin	Hepsera	Lexiva	Peg-Intron	Requip XL	Selzentry	Treximet	Zyflo
Avandia	Doryx	Humatrope	Lialda	Pentasa	Reyataz	Subutex	Trizivir	Zyvox

Avita	Duragesic patch	Humira	Lovenox	Prezista	Ribavirin	Sustiva	Truvada	
Avonex	Elidel	Imitrex	Lunesta	Prevacid*	Roferon	Sutent	Tysabri	
Baraclude	Embeda	Increlex	Lupron	Procrit	Rowasa	Synagis	Tyzeka	
Betaseron	Epidur	Infergen	Maxalt	Protopic	Rozerem	Synvisc	Vectical	
Botox	Enbrel	Intelence	Muse	Provigil	Ryzolt	Taclonex	Ventavis	
Byetta	Epivir	Intron A,	Neobenz Micro Spheres	Rebetol	Saizen	Tarceva	Videx	

**Note:** The above list is not inclusive and is updated regularly. To obtain Pre-authorization, please call Atlantis UM Department at 1-800-270-9072 Monday through Friday from 9am to 5pm. Physicians prescribing the medication will be asked to submit information justifying medical necessity including history of therapeutic failures of other drugs used for the condition. All pertinent clinical information should be faxed to 212-747-8375 for the Medical Director's review. The provider and the Member will be notified of the determination upon receipt of all necessary information required to render a medical necessity determination. Please see the Member Handbook and Contract for specific timeframes for determinations.

- ✓ Prior to any brand **proton pump inhibitors (PPIs)** to be authorized, Members need to try the generic equivalent as part of a step therapy program.
- ✓ All chemotherapy drugs and/or injectables need to be Pre-authorized. These medications are not included on this list.

**Mandatory Generic Riders:** Brand medications will not be dispensed to Members who have Mandatory Generic Prescription Riders unless proof of medical necessity for brand use is submitted OR there is no generic therapeutic equivalent. When this exception is made, the Member will be responsible for meeting the \$250 deductible after which the Plan will pay up to \$2000/calendar year.

**Brand Maintenance Mail Order Program - IPS:** Brand maintenance drugs on the Plan's approved list are covered for a 90-day supply. This mail order option allows you to obtain a 90 day supply of brand maintenance drugs in the following categories: anti-diabetics, anti-hypertensives, anti-hyperlipidemics, beta-blockers, calcium blockers, diuretics, anti-seizure, contraceptives and thyroid medications. Prescriptions must be filled at the Atlantis approved Brand Maintenance Mail Order Pharmacy - IPS. Members are responsible for a co-payment of one and half times (1.5x) the regular co-payment for 90 day brand maintenance mail order drugs.

**Generic Drug Mail Order Program:** Generic drugs are covered with a written prescription by a Provider. Prescriptions must be filled at the Atlantis approved Generic Drug Mail Order Pharmacy – Healthwarehouse.com. Members have **\$0** co-payment for each mail order generic prescription.

CatalystRx Customer Service - 888-341-8570  
 IPS Customer Service - 800-763-0044  
 HealthWarehouse.com Customer Service - 866-885-0508

**Exclusions and Limitations - The Plan will not pay for the following:**

1. Any prescription drug that Atlantis determine is not medically necessary, unless an External Appeal Agent recommends coverage.
2. Experimental or investigational drugs, unless recommended by an External Appeal Agent.
3. Nutritional supplements taken electively.
4. Replacement of drugs resulting from loss, theft, or breakage.
5. Medications for cosmetic purposes such as hair growth stimulants.
6. Amphetamines and appetite suppressants unless Pre-authorized by the Plan.
7. Non-FDA approved drugs, except that we will pay for a prescription drug that is approved by the FDA for treatment of cancer, when the drug is prescribed for a different type of cancer than the type for which FDA approval was obtained. However, the drug must be recognized for treatment of the type of cancer for which it has been prescribed by one of these publications: AMA Drug Evaluations; American Hospital Formulary Service; U.S. Pharmacopeia Drug Information; or a review article or editorial comment in a major peer-reviewed professional journal.