

List of Services That Require Prior Authorization

To obtain the maximum benefits available under the plan, you or your provider is required to notify PrimeTime Health Plan of the following. [NOTE: This is not an exhaustive list. Please refer to your Evidence of Coverage for prior authorization requirements specific to your plan or contact the PrimeTime Health Plan Service Center at the number listed below.]

NEW - eviCore healthcare will no longer be conducting prior authorization services for PrimeTime Health Plan members. On December 17, 2022, PrimeTime Health Plan will begin accepting prior authorization requests for select services that were previously managed by eviCore.

Authorization for the services listed below will be obtained through PrimeTime Health Plan:

- **Select Advanced Imaging (MRI, CT, PET scans)**
 - **Capsule endoscopy**
 - **Cardiac CT/CTA Cardiac**
 - **Carotid Artery CTA/MRA**
 - **MRI/MRA Temporomandibular joint (TMJ)**
 - **Breast MRI**
 - **Cardiac MRI/MRA**
 - **Chest MRI/MRA**
 - **All PET scans, including:**
 - **Cardiac PET/CT myocardial perfusion scan**
 - **PET skull base to mid-thigh, whole body**
 - **Brain PET**
- **Molecular Genetic Testing**

An online tool will be available on the AultCare Provider Portal to assist in determining the appropriate prior authorization platform when submitting a prior authorization request. All other standard PrimeTime Health Plan prior authorization requirements are listed below:

1. Inpatient stays (admissions, including Observation status) to:
 - a. Hospital
 - b. Skilled Nursing Facility
 - c. Rehabilitation Facility
2. Behavioral Health Services (please call the Service Center to determine if your specific plan has a requirement for these services).
 - a. Inpatient stays (admissions)
 - b. Partial Hospital Programs (PHP) and Intensive Outpatient Programs (IOP)
 - c. Inpatient detoxification
3. Non-emergency/urgent care outside of the United States
4. Cardiac and Pulmonary rehabilitation services
5. Certain outpatient diagnostic procedures, tests, lab studies and genetic testing

6. Certain outpatient imaging procedures:
 - Capsule endoscopy
 - Cardiac CT/CTA Cardiac
 - Carotid Artery CTA/MRA
 - MRI/MRA Temporomandibular joint (TMJ)
 - Breast MRI
 - Cardiac MRI/MRA
 - Chest MRI/MRA
 - All PET scans, including:
 - Cardiac PET/CT myocardial perfusion scan
 - PET skull base to mid-thigh, whole body
 - Brain PET
7. Non-emergent ambulance services
8. Durable Medical Equipment (DME) such as:
 - a. Wound Vacuum Pumps (negative pressure wound care)
 - b. Vest Airway Clearance Systems
 - c. Cochlear devices and/or implants
 - d. Electric or motorized wheelchairs and scooters
 - e. Electric beds
 - f. Customized braces
 - g. Bone growth stimulators
 - h. External cardiac defibrillators (Life Vest)
 - i. Pneumatic compression devices and garments
 - j. Speech generating devices
 - k. Wound products such as platelet gels, human allograft and skin replacement products
 - l. Spinal cord stimulators
 - m. Ventilators for home use
 - n. Seat mechanisms
 - o. All DME items over \$2500
9. Limb Prosthesis
10. Diabetic Supplies/Services/Shoes and Inserts
11. Reconstructive procedures that may be considered cosmetic - some examples are:
 - a. Varicose vein surgery (sclerotherapy)
 - b. Removal of excess skin with or without lipectomy
 - c. Surgical repair to the eyelids, eyebrows, forehead
 - d. Weight loss procedures
 - e. Reconstruction of the chest (pectus excavatum)
 - f. Tummy Tuck (panniculectomy and/or abdominoplasty)
 - g. Breast reconstruction
 - h. Breast reduction including surgery for gynecomastia
12. Other Surgeries:
 - a. Gastric restrictive surgeries and procedures (bariatric surgeries)
 - b. Oral surgeries to correct conditions of the jaw and face related to structure, growth, TMJ disorders, malocclusion problems, osteotomies, bone grafts, repositioning of the jaw
 - c. Bladeless surgery to treat tumors (stereotactic radiosurgery)
13. Cryosurgical ablation – excluding cardiac, cervical, thoracic and lumbar

14. Radiofrequency ablation – excluding cardiac, cervical, thoracic and lumbar
15. Treatments and surgery that could be experimental (i.e. new technology)
16. Artificial lumbar disc surgery
17. Surgery for snoring including laser assisted procedures
18. Air ambulance transport (Note: PrimeTime Health Plan follows Medicare Guidelines for all ambulance transport, however under certain circumstances, air ambulance transport may be considered.)
19. Hyperbaric oxygen therapy
20. Solid organ transplants
21. Bone marrow/stem cell transplants
22. Out of Network Home Dialysis and Training
23. Comprehensive Dental Care that is covered by Medicare

IMPORTANT NOTE: PRIMETIME HEALTH PLAN FOLLOWS MEDICARE GUIDELINES FOR COVERAGE DETERMINATIONS. MEMBERS SHOULD REFER TO CHAPTER 4 OF THEIR EVIDENCE OF COVERAGE FOR ADDITIONAL ITEMS REQUIRING PRIOR AUTHORIZATION.

PrimeTime Health Plan Service Center
Call: 330.363.7407 or 1.800.577.5084
TTY: 711

Service Center Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.)