

PARTNERS National Health Plans of North Carolina, Inc.

~ Prior Authorization Guidelines ~

Services marked by a bullet in the columns to the left require prior authorization for the designated line of business.

HMO PPO

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cosmetic Procedures(or those potentially cosmetic), such as but not limited to:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Abdominoplasty
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Blepharoplasty
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Breast Reduction
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Genioplasty/Sliding Osteotomy
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Rhinoplasty
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Strabismus Surgery (for members 12 years or older)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dental Services for Accidental Injury
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diagnostic Testing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Neuropsychological Testing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Psychological Evaluations for medical reasons
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Durable Medical Equipment and Prosthetics
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ All Rental Items
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Items > \$600.00 (Purchase)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Penile Implants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	External Counterpulsation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Home Health Agency Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hospice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inpatient Admissions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Scheduled admissions, including acute hospital, rehabilitation facility, hospice and skilled nursing facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ NOTE: For urgent/emergency admits (including obstetric admits), prior authorization is NOT required. However, notification to PARTNERS of urgent/emergency admits (including obstetric admits) within 24 hour or the first business day after the admission is required.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investigational Procedures (or those potentially investigational)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonparticipating Providers and Services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmaceuticals (See PARTNERS formulary)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rehabilitation/Therapy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Biofeedback
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Cardiac Rehabilitation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Pulmonary Rehabilitation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Speech Therapy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Wound Care Clinic
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Surgery
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Capsulotomy (laser)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Extracapsular cataract extraction with intraocular lens
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Implantable Automatic Cardiac Defibrillators (ICDs)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Lithotripsy, Extracorporeal for Orthopedic Problems (plantar fasciitis and chronic lateral epicondylitis are the two conditions considered for coverage)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ MOHS Surgery
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Refractive Surgical Procedures
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Retina, central photocoagulation (laser)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Pan-retinal photocoagulation (PRP, laser)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Photodynamic Therapy with Visudyne
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Spinal Neurostimulators
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Surgical Treatment of Morbid Obesity
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Surgical Treatment of Sleep Apnea
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Temporomandibular Joint Surgery
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	‣ Transplants, Bone Marrow and Organ
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Varicose Vein Treatment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	‣ Vertebroplasty and Kyphoplasty, Percutaneous
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation (non-emergency)