



HEALTH PLUS PRE-AUTHORIZATION LIST
effective as of
January 1, 2009

1. **ALL non-emergent hospital admissions** (The admitting physician is responsible for calling Health Plus to obtain authorization for admission; the admitting facility is responsible for verifying that pre-authorization has been obtained prior to non-emergent admissions.)
2. **ALL OBSERVATION “admissions”** or observations stays (The admitting physician is responsible for calling Health Plus to obtain authorization; the facility is responsible for verifying that pre-authorization has been obtained prior to non-emergent admissions for observation.)
3. **ALL SNF admissions**
4. **ALL** inter-facility transfers
5. **ANY out-of-network referral** of an HMO Member
6. **ANY out-of-network referral** of a POS Member if in-network benefit levels are anticipated.
7. Outpatient surgeries or “day surgeries”
8. All hospital and facility procedures if the facility makes a charge for the service
(Exception: Cancer radiation therapy, and chemotherapy with literature-supported drugs, will not require authorization when done in-network.)
9. Partial hospitalization programs, “day hospital”, or Intensive Outpatient Programs (IOP’s)
10. Rehabilitation therapies (speech, occupational, or physical therapy)
11. Cardiac and pulmonary rehab programs/services
12. All services by chiropractors beyond the initial evaluation
13. Oral surgery procedures
14. Office hysteroscopy (diagnostic and operative)
15. Hyperbaric Oxygen treatments
16. Negative pressure wound treatment devices
17. Sleep studies (polysomnography, MSLT)
18. Home Health services, infusion services
19. Infusion pumps (incl. but not limited to insulin and morphine pumps)
20. Hospice services
21. Lithotripsy, orthotripsy, similar therapeutic procedures including when done in office.
22. Outpatient CT, MRI, and PET scans
23. Hysterosalpingography
24. Nutritional counseling
25. Diabetic education
26. Enteral formulae (covered only when used as **the sole source** of nutrition).
27. Genetic testing
28. Psychotherapy (requires authorization and continuing authorization as before)
29. Psych or Neuro-psych testing
30. Botox injections, including if done in office

ADDITIONAL INFORMATION, NOTES, AND CONDITIONS

- **Except for services rendered under truly emergent circumstances, all services on the preceding page must be prior authorized for reimbursement to be made. Services that are on the pre-authorization list that are provided in non-emergent circumstances without the proper authorization will not be reimbursed. “Retro” authorizations will not be issued.**
- Pre-authorization requests should ideally be submitted to the health plan 5 days prior to the date of the anticipated service to allow gathering of additional information, when required. Requests received less than 2 days prior to the date of the anticipated services may result in authorization not being available at the time of service.
- **Pre-authorization for direct and elective admissions and observation stays is the responsibility of the attending physician.** The hospital admitting office will not have the medical information necessary to establish the appropriate level of service.
- Pre-authorization is not a guarantee of reimbursement—it is an indication that the proposed service meets HPL medical necessity guidelines. Reimbursement is contingent on the patient/Member’s eligibility and benefits at the time that service is rendered.
- The services listed as requiring pre-authorization must be processed through the Care Management Division of Health Services at HPL, at phone number 318-212-4499 or fax number 318-676-3376. Outside the Shreveport/Bossier area, the toll-free phone number is 800-331-5055, ext 4499.
- Please contact your Provider Relations Department, phone number 318-212-8532 or 8632, or if outside the Shreveport/Bossier area, at 800-331-5055, ext. 8532 or 8632, if you have any questions, or if clarification is needed.