



Date: December 20, 2011

To: WellPath South Carolina Participating Providers

From: WellPath Health Services and Network Management Departments

RE: Changes to the WellPath SC Precertification List

Periodically, WellPath reviews its precertification requirements to determine if services should be removed or added based upon utilization data, denial rates, benefit coverage terms, and other medical trends. Effective on March 1, 2012 WellPath is revising its precertification requirements pursuant to the enclosed documents. Some of the most notable changes from the May 1, 2011 precertification list involve the following:

Some additions of services requiring precertification:

- **Hyoid Myotomy**
- **Photodynamic Therapy by Endoscopic Application**
- **Pulmonary Rehab**
- **Spinal Surgery/ Instrumentation/ Autografts and Allografts**

The enclosed WellPath document is formatted to replace or be added to Appendix B of the February 2008 WellPath Provider Manual. The most current version of the Provider Manual is maintained and available on [directprovider.com](http://www.directprovider.com) (<http://www.directprovider.com>) under the Resource Library section. WellPath encourages providers to reference this on-line Provider Manual to ensure that your practice is always aware of the most up-to-date policies, procedures and other relevant information.

If you have any questions regarding WellPath's precertification requirement changes, please contact your WellPath Provider Relations Representative. If you have questions on precertification for a particular patient, please contact WellPath's Health Services Department. Thank you for your continued participation with WellPath.

Enclosures

- Updated WellPath SC Precertification List - effective March 1, 2012



For WellPath's **South Carolina** members - All elective inpatient admissions and the following services require prior authorization. Additions to the list are noted in "**BOLD**". These changes are effective **March 1, 2012**.

- Ambulatory Procedures: Surgical and Medical
 - Abdominoplasty/Panniculectomy/Lipectomy
 - Arthroscopy - TMJ
 - Blepharoplasty/Brow Lift/Ptosis Repair
 - Breast Augmentation or Reduction
 - Colonoscopy
 - Cryoablation
 - Dental and Oral Procedures and Services
 - Enhanced External Counterpulsation (EECP)
 - Gastric Bypass/Bariatric Surgery
 - Hiatal Hernia Repair-(Nissen or Other)
 - **Hyoid Myotomy**
 - Hysterectomy
 - Hysteroscopy
 - Hysterosalpingography
 - Laminectomy/Discectomy/Corpectomy/Decompression
 - Laminectomy for Implantation of Neurostimulator
 - Laparoscopy-Diagnostic
 - Mastopexy
 - Neurostimulators (Spinal/Peripheral)
 - Otoplasty
 - Orthognathic Surgery
 - Podiatric Surgery
 - Panniculectomy
 - Pectus Carinatum/Excavatum Repair
 - Radiofrequency Ablation/Cryoablation Procedures
 - Reduction Mammoplasty
 - Shockwave Therapy(Not including Lithotripsy for urinary stone in renal pelvis or ureter)
 - Somnoplasty or any procedure for snoring
 - **Spinal Surgery/Instrumentation/Autografts and Allografts**
 - Rhinoplasty
 - Tonsillectomy
 - Endometrial and Uterine Artery Embolization
 - Uvulectomy
 - Uvulopalatopharyngoplasty (UPPP)
 - Varicose Vein Treatments and Procedures
- Amniocentesis- (Age < 35)
- Chorionic Villus Sampling- (Age < 35)
- Cochlear Implants
- Cosmetic/Reconstructive Services
- Cranial Banding/Helmets/Molding

For Mental Health and Chemical Dependency contact:
Magellan Behavioral Health 1-866-533-5157

- Medications:
 - Specific Oral Drugs as listed in the formulary
 - Experimental Medications
 - Injectables (AWP > than \$300 per dose)**
 - Implanted Hormones
- Durable Medical Equipment (Billed purchased amount > \$1000.00, all rental equipment except gaseous Oxygen)
- Experimental/Investigational Services
- Genetic Testing/Counseling –including non par labs
- Home Health and Home Infusion Services
- Hospice Care (Outpatient & Inpatient)
- Hyperbaric Oxygen Therapy (Outpatient)
- Infertility Services, Procedures, and Drugs
- Inpatient Services (Acute, SNF and Rehab)
- Mental Health/Chemical Dependency
- Neuropsychological Testing
- Non-participating Provider Referrals
- Nutritional Counseling (Unless Diabetic)
- Observation Stays (Elective)
- Orthotics and Prosthetics (Billed amount > \$1000.00)
- Pain Management Services
- Neurostimulators
- **Photodynamic Therapy by Endoscopic Application**
- Private Duty Nursing (Inpatient)
- **Pulmonary Rehab**
- Sleep Studies: Polysomnogram/MSLT
- Radiation- Proton Beam Therapy, Cyberknife, Gamma Knife,LINAC , other forms of high energy or highly focused radiation (such as Brachytherapy, Sir-Spheres)
- Sexual Dysfunction Treatment, Drugs &Prosthetics
- TMJ/Cranio-facial pain evaluations and treatment
- Transplant Services (Includes Pre-Transplant Evaluation)
- Weight Reduction Treatment

**Radiology Services/Imaging Studies:
 (NON-Emergent) For Radiology and Imaging
 Precertification contact:**

National Imaging Associates (NIA)
1-800-642-2809 or www.RadMD.com

- Diagnostic Nuclear Medicine
- Nuclear Cardiology Studies
- MRI/MRA
- CT /CTA/CCTA'
- CT Angiograms
- Total Body Scans
- PET Scans/Pet Fusion

IMPORTANT NOTE: Inclusion of an item on this Precertification List does not imply coverage under all benefit plans.

Precertification Guidelines - Injectable Drugs

Precertification Requirements

- Injectable drugs (other than insulin, epinephrine, glucagon, and Imitrex) when a prescription is presented to a retail, hospital or mail-order pharmacy.
- Injectable drugs if one or more of the following conditions applies:
 - The drug is normally self-administered in the home setting and is usually dispensed from a retail, hospital or mail-order pharmacy (example: Avonex, Betaseron, Growth Hormone and Biosynthetic Growth Hormones, Enbrel, Humira, Kineret, Aranesp etc.)
 - **Any injected or implanted medication that has an average wholesale price (AWP) greater than \$300 per prescribed dose.**
 - Repeated administration of the drug in the physician’s office is contemplated, excluding routine gold and allergy shots.
 - The drug is potentially experimental or lacks FDA approval for the indication for which it is given.
- The following drugs given in the physician’s office, or in the home by self-administration such as but not limited to:

Actemra
Actimmune
Amevive (Alefacept)
Acthar Gel
Apokyn – Review for Procurement Only
Aldurazyme
Aranesp (Darbepoetin alfa)
Alferon-N
Avonex
Aralast
Arcalyst
Aredia
Arixtra
Berinert
Betaseron , Extavia
Blood clotting factors (i.e. Factor VIII, etc.)
Botulinum Toxin, Type A & B (Myobloc, Botox)
Dysort
Caverject (<i>Alprostadil</i>)
Ceredase (<i>Alglucerase injection</i>)
Cerezyme (<i>Imiglucerase</i>)
Cimzia
Cinryze
Copaxone (self injectable)
Dacogen
<i>Edex (Alprostadil)</i>
Elaprase
Enbrel (Etanercept)
Euflexxa
Fabrazyme
Flolan (Epoprostenol Sodium)
Forteo (Teriparatide)

Foscavir (<i>Foscarnet sodium</i>)
Fragmin
Fuzeon (Enfuvirtide)
Growth Hormones and IGF-1 (Increlex, Iplex, etc.)
Hyalgan
Humira (Adalimumab)
Ilaris
Innohep
Interferon alfa-2B (Intron A)
Interferon Alfacon-1(<i>Infergen</i>)
Intravenous Immune Globulin (IVIG)
IM Gamastan
Kalbitor
Kineret (Anakinra) (self injectable)
Lovenox
Lucentis
Macugen
Mozobil
Myozyme
Naglazyme
N Plate
Orencia
Orthovisc
Pegylated Interferon Alfa 2a (Pegasys)
Pegylated Interferon Alfa 2b (Peg-Intron)
Profasi (Human Chorionic Gonadotropin)
Prolastin - C
Quadramet
Rebif (Interferon beta-1a)
Reclast
Refludan
Relistor

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Remicade (Infliximab)
Remodulin (Trepstinil sodium)
Revatio - IV
Rituxan
Sandostatin (Octreotide acetate)
Simponi
Solaris
Somatuline Depot
Somavert
Stelara
Subcutaneous Immune Globulin (Vivaglobin)

Supartz
Supprelin LA
Synagis (Palivizumab)
Synvisc
Tysabri
Unclassified Drugs
Vidaza
Visudyne
Vivtrol
Xolair (Omalizumab)
Zemaria

When Precertification is NOT Required

- Chemotherapy drugs that are not considered experimental or investigational
- Injectable drugs given while the patient is an inpatient in any hospital, nursing home or rehabilitation facility.
- Injectable drugs given in an emergency room or an urgent care center unless the urgent care center is acting as the patient's primary physician.
- Emergency use drugs (example: epinephrine)
- Injectable Pain medication (example: Demerol)
- Drugs given for chemotherapy associated nausea (example: Zofran) unless quantity limit exceeded
- Injectable antibiotics (example: Rocephin)

Options for Supply of Injectable Drugs

The Plan has made arrangements with preferred vendors for the supply of expensive injectable drugs. While many of these drugs do not require Precertification by the Plan, please call us at (800) 708-9355 to make arrangements for the delivery of these medications to your office. You can also submit requests by fax at (877) 204-8727. The preferred pharmacy vendor will supply the dose for administration to the covered member or the dose may be used to replenish office stock used on behalf of a Plan member.

Drugs Available from WellPath’s preferred vendors include, but are not limited to :

Apokyn
Pegasys and Peg-Intron
Epogen, Procrit, Aranesp
Neupogen
Neulasta
Humira
Kineret
Lupron
Neumega
Sandostatin
Growth Hormones
Rebif

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