

Prior Approval and Investigational Services

CATEGORY	DETAILS	SUBMIT TO
<p>*Cosmetic/ Reconstructive Procedures</p>	<ul style="list-style-type: none"> ▪ Abdominoplasty/Panniculectomy ▪ Blepharoplasty, Brow Lift and Blepharoptosis Repair ▪ Breast Reconstruction and Related Procedures ▪ Laser Therapy for Treatment of Rosacea ▪ Mastopexy ▪ Otoplasty ▪ Reduction Mammoplasty ▪ Rhinoplasty ▪ Surgical Repair of Pectus Deformities ▪ Surgical Treatment of Gynecomastia 	<p>Requests may be mailed to: Medical Review CC: 01-6A-3982 2060 E. Ninth Street Cleveland, OH 44115 Fax: 800.516.2583 Fax: 877.321.6664 Fax: 216.687.2616 Prior Approval Form</p>
<p>*Devices/ Durable Medical Equipment (DME)</p>	<ul style="list-style-type: none"> ▪ Artificial Anal Sphincter for Treatment of Fecal Incontinence ▪ Artificial Intervertebral Disc Replacement - Cervical ▪ Auditory Brainstem Implant ▪ Bone Anchored Hearing Device (BAHA) ▪ Bone Growth Stimulation: Electrical and Ultrasonic ▪ Cochlear Implant ▪ Conductive Garment for Delivery of TENS and NMES ▪ Continuous Glucose Monitoring Systems ▪ Cranial Orthosis for Plagiocephaly ▪ DME Misc. Items (HCPCS Code E1399) >\$249.00 ▪ Functional Electrical Stimulation ▪ Gastric Electrical Stimulation for Treatment of Gastroparesis ▪ High Frequency Chest Wall Oscillation System ▪ INR Monitoring System ▪ Interspinous Process Decompression System (X-STOP) ▪ Knee Braces (Custom Fabricated) ▪ Mechanical Insufflation-Exsufflation Therapy ▪ Motorized Wheelchairs and Power Accessories ▪ Negative Pressure Wound Therapy, Vacuum-assisted Closure Device ▪ Pneumatic Compression Device ▪ Power Operated Vehicles ▪ Pressure Reducing Support Surfaces ▪ Pulse Oximeter (home use) ▪ Wearable Cardioverter Defibrillator (WED) 	<p>Requests may be mailed to: Medical Review CC: 01-6A-3982 2060 E. Ninth Street Cleveland, OH 44115 Fax: 800.516.2583 Fax: 877.321.6664 Fax: 216.687.2616 Prior Approval Form</p>
<p>*Injectables</p>	<ul style="list-style-type: none"> ▪ Abatacept (Orencia) ▪ Adalimumab (Humira) ▪ Belimumab (Benlysta) ▪ Berinert (C1 Esterase Inhibitor) ▪ Botulinum Toxin Type A and B ▪ Certolizumab pegol (Cimzia) ▪ Cinryze (C1 esterase inhibitor) ▪ Ecallantide (Kalbitor) ▪ Enzyme Replacement Therapy for Gaucher Disease ▪ Etanercept (Enbrel) ▪ Golimumab (Simponi) ▪ Growth Stimulating Drugs ▪ Infliximab (Remicade) ▪ Pegloticase (KRYSTEXXA) ▪ Repository Corticotropin Injection (H.P. Acthar Gel) ▪ Rituximab (Rituxan) ▪ Sipuleucel-T (Provenge) ▪ Synagis (Palivizumab) and RSV IVIG Respirgam ▪ Tocilizumab (Actemra) ▪ Ustekinumab (Stelara) ▪ Viscosupplementation Injections (Euflexxa, Hyalgan, Orthovisc, Synvisc, Synvisc-One) 	<p>Requests may be mailed to: Medical Review CC: 01-6A-3982 2060 E. Ninth Street Cleveland, OH 44115 Fax: 800.516.2583 Fax: 877.321.6664 Fax: 216.687.2616 Prior Approval Form</p>

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CATEGORY	DETAILS	SUBMIT TO
Inpatient Services	<p style="text-align: center;">Medical/Surgical Admissions</p> <ul style="list-style-type: none"> ▪ Acute Care Medical/Surgical <ul style="list-style-type: none"> • Prior approval of normal deliveries is not required unless the length of stay for the mother or child exceeds 48 hours from the date of a vaginal delivery or 96 hours from the date of a C-section. ▪ Acute Physical Rehabilitation ▪ Long Term Acute Care (LTAC) ▪ Skilled Nursing Facility (SNF) 	<p style="text-align: center;">https://Reviewlink.mmoh.com or call</p> <p>800.338.4114 (Medical Mutual of Ohio) 800.258.3035 (Consumers Life) 800.258.3021 (Carolina Care Plan)</p>
	<p style="text-align: center;">Behavioral Health Admissions</p> <ul style="list-style-type: none"> ▪ Acute Care Psychiatric/Substance Abuse 	<p>800.258.3186 (Medical Mutual of Ohio) 800.233.2058 (Consumers Life) 800.877.6003 (Carolina Care Plan)</p>
Outpatient Services	<ul style="list-style-type: none"> ▪ MRA Lower Extremity ▪ MRI of the Spine (Cervical, Thoracic and Lumbar) ▪ MRI of Any Joint of the Lower Extremity (Ankle, Foot, Hip, Knee) ▪ MRI of Lower Extremity ▪ All PET Scans 	<p style="text-align: center;">https://Reviewlink.mmoh.com or call</p> <p>800.338.4114 (Medical Mutual of Ohio) 800.258.3035 (Consumers Life) 800.258.3021 (Carolina Care Plan)</p>
	<p style="text-align: center;">Only applies to certain Covered Persons. See footnote below.</p> <ul style="list-style-type: none"> ▪ Chiropractic/Osteopathic Manipulative Therapy** ▪ Occupational Therapy** ▪ Physical Therapy** ▪ Speech Therapy** 	<p style="text-align: center;">Landmark Healthcare Inc. **Physical/Occupational or Speech Therapy Fax 888.565.4225 **Chiropractic Services and Osteopathic Manipulation Fax: 800.599.8350</p>
	<ul style="list-style-type: none"> ▪ Home Health Care 	<p style="text-align: center;">https://Reviewlink.mmoh.com or call</p> <p>800.338.4114 (Medical Mutual of Ohio) 800.258.3035 (Consumers Life) 800.258.3021 (Carolina Care Plan)</p>
	<ul style="list-style-type: none"> ▪ Private Duty Nursing 	<p>800.258.3175 (Medical Mutual of Ohio) 800.529.5697 (Consumers Life) 800.590.2583 (Carolina Care Plan)</p>
*Other Procedures/ Services	<p style="text-align: center;">Medical/Surgical/Diagnostic</p> <ul style="list-style-type: none"> ▪ Air Ambulance Transport (Non-Emergency Transport) ▪ Autologous Chondrocyte Implantation ▪ Breast Cancer Susceptibility 1 (BRCA1) ▪ Breast Cancer Susceptibility 2 (BRCA2) ▪ Breast Cancer Susceptibility 1 and 2 Large Rearrangement Testing ▪ Capsule (Wireless) Endoscopy - Esophagus Through Ileum ▪ Cardiac Computed Tomography and Angiography (CTA) of the Coronary Arteries ▪ Carotid Artery Stenting 	<p>Requests may be mailed to: Medical Review CC: 01-6A-3982 2060 E. Ninth Street Cleveland, OH 44115 Fax: 800.516.2583 Fax: 877.321.6664 Fax: 216.687.2616 Prior Approval Form</p>

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**Applicable only for Covered Persons with unlimited benefit plans that require prior approval. Providers administering therapy services should contact the Provider Inquiry telephone number on the back of the Covered Person's ID card to determine the specific individual benefits and prior approval requirements. Not all the Company benefit plans require medical necessity review; therefore, check with the Company prior to requesting a review from Landmark Healthcare, Inc. Please refer to Landmark's [Therapy Authorization Forms](#).

CATEGORY	DETAILS	SUBMIT TO
<p>*Other Procedures/ Services</p>	<ul style="list-style-type: none"> ▪ Electrical Stimulation and Electromagnetic Therapy for the Treatment of Chronic Dermal Ulcers ▪ Electromagnetic Navigational Bronchoscopy ▪ Endoscopic Thoracic Sympathectomy for Treatment of Hyperhidrosis ▪ Gene Expression Assays for the Management of Breast Cancer ▪ Intrastromal Corneal Ring Segments (Intacs) ▪ In Utero Fetal Surgery ▪ Keratoprosthesis ▪ Kyphoplasty - Thoracic and Lumbar ▪ Laser Therapy - Vitiligo ▪ Longitudinal Gastrectomy (i.e., sleeve gastrectomy) ▪ Lung Volume Reduction Surgery (LVRS) for Severe Emphysema ▪ Magnetic Resonance Spectroscopy ▪ Neutron Beam Therapy ▪ Osteochondral Allografts and Autografts (OATS Mosaicplasty) for the Treatment of Focal Articular Cartilage Defects of the Knee ▪ Outpatient Telemetry Systems ▪ Percutaneous and Endoscopic Epidural Adhesiolysis ▪ Phototherapy - Home Treatment of Dermatological Conditions (Other Than Vitiligo) ▪ Psoriasis Laser Treatment ▪ Radiofrequency Ablation (RFA) for Treatment of Tumors ▪ Radiofrequency Volumetric Tissue Reduction ▪ Recombinant Human Bone Morphogenetic Protein-2 and Protein-7 ▪ Sclerotherapy ▪ Spinal Cord Stimulation for Treatment of Chronic Pain ▪ Stereotactic Body Radiotherapy ▪ Stereotactic Radiosurgery ▪ Strabismus Surgery if > 11 Years of Age ▪ Surrogate Markers for Detection of Heart Transplant Rejection - Gene Expression Profiling (e.g., AlloMap) ▪ Total Ankle Replacement ▪ Transurethral Radiofrequency Micro-Remodeling ▪ Uterine Artery Embolization for Treatment of Fibroids ▪ Uvulectomy ▪ Uvulopalatopharyngoplasty ▪ Vertebroplasty - Thoracic and Lumbar ▪ Virtual Colonoscopy (Computed Tomographic Colonography) - Diagnostic 	<p>Requests may be mailed to: Medical Review CC: 01-6A-3982 2060 E. Ninth Street Cleveland, OH 44115</p> <p>Fax: 800.516.2583 Fax: 877.321.6664 Fax: 216.687.2616</p> <p>Prior Approval Form</p>
<p>Bariatric Surgery</p> <p>Transplants</p> <p>Total Artificial Heart Systems</p> <p>Ventricular Assist Devices</p>	<ul style="list-style-type: none"> ▪ Bariatric Surgery ▪ Blood component (e.g., Stem Cell, Bone Marrow) and Solid Organ (Except Corneal) Transplantation ▪ Total Artificial Heart Systems ▪ Pancreatic Islet Cell Transplantation - Autologous ▪ Ventricular Assist Devices 	<p>Requests may be mailed to: Case Management CC: 01-5B-3992 2060 E. Ninth Street Cleveland, OH 44115</p> <p>800.258.3175 (Medical Mutual of Ohio) 800.529.5697 (Consumers Life) 800.590.2583 (Carolina Care Plan)</p> <p>Fax: 216.687.2602</p>

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The health plan defines investigational procedures, therapies, devices and supplies as services that are not approved by governing bodies OR do not demonstrate comparable or superior outcomes to current practice standards as evidenced by peer-reviewed published literature and/or clinical trials.

Although not all-inclusive, the health plan considers the following services as investigational and not eligible for reimbursement. Additionally, any charge clearly related to an investigational service such as a hospitalization, outpatient service, office visit, diagnostic test, supply or medication will also be denied as investigational and not eligible for reimbursement.

CATEGORY	DETAILS	SUBMIT TO
<p>*Investigational Services</p>	<ul style="list-style-type: none"> ▪ Actigraphy ▪ Allergen Specific IgE Qualitative, IgG Quantitative or Semiquantitative, Multiallergen Screen (Dipstick, Disk or Paddle) ▪ Allergy – Sublingual Immunotherapy ▪ AmniSure ROM (Rupture of Membrane) Test ▪ Anal Fistula Plug ▪ Artificial Intervertebral Disc Replacement - Lumbar and Thoracic ▪ Axial Lumbar Interbody Fusion (AxiaLIF®) ▪ Biodegradable Capsule with a Radiofrequency Identification Tag to Determine Patency of the Gastrointestinal Tract (e.g., AGILE™ Patency System) ▪ Bioidentical Hormone Therapy ▪ Bioimpedance Spectroscopy ▪ BioniCare BIO-1000 System for Treatment of Osteoarthritis of the Knee ▪ Breast Cancer Analysis Rearrangement Test (BART) ▪ Breast Ductal Lavage ▪ Capsule (wireless) Endoscopy - Esophagus ▪ Cardiac Computed Tomography for Evaluation of Coronary Calcium ▪ Chelation Therapy for Chemical Endarterectomy ▪ Coblation Radiofrequency Microtenotomy (TOPAZ) for Treatment of Tendinosis ▪ Computed Tomographic Colonography-Screening ▪ Computer-Aided Detection Software Systems - Magnetic Resonance Imaging of the Breast ▪ Disc Biacuplasty ▪ Doppler Velocimetry (Uterine Artery) ▪ Electrical Stimulation for Treatment of Dysphagia ▪ Electron Beam Computed Tomography ▪ Electrothermal Therapy ▪ Endobronchial Valve for Lung Volume Reduction Surgery and for Treatment of a Bronchopleural Fistula ▪ Endometrial Photodynamic Ablation ▪ Endoscopic Disc Decompression ▪ Endoscopic Therapy for Gastroesophageal Reflux Disease ▪ Endovascular Repair of Aortic Aneurysm Involving Visceral Branches/Vessels ▪ Extracorporeal Magnetic Stimulation - Urinary Incontinence ▪ Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions ▪ Fecal DNA Testing for Screening of Colorectal Cancer ▪ Fiberoptic Ductoscopy ▪ Fluid-Ventilated Gas-Permeable Contact Lenses ▪ Gait Analysis ▪ Gastric Bubble (Balloon) ▪ Gastric Electrical Stimulation for Treatment of Obesity ▪ Hyperbaric Oxygen Therapy (Topical) ▪ Infrared Energy Therapy ▪ Interferential Stimulation ▪ Intra-Aneurysm Sac Pressure Monitoring Device ▪ Intrapulmonary Percussive Ventilation System ▪ Intravascular Stent without Distal Embolic Protection 	<p>Requests may be mailed to: Medical Review CC: 01-6A-3982 2060 E. Ninth Street Cleveland, OH 44115</p> <p>Fax: 800.516.2583 Fax: 877.321.6664 Fax: 216.687.2616</p> <p>Prior Approval Form</p>

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CATEGORY	DETAILS	SUBMIT TO
<p>*Investigational Services</p>	<ul style="list-style-type: none"> ▪ In Utero Repair of Myelomeningocele ▪ In Utero Tracheal Occlusion for Treatment of Congenital Diaphragmatic Hernia ▪ Kyphoplasty - Cervical ▪ Laser-assisted Uvulopalatoplasty ▪ Laser Discectomy - Nucleoplasty ▪ Low-level Laser Therapy ▪ Magnetic Resonance Imaging-Guided High-Intensity Focused Ultrasound Ablation of Uterine Fibroids ▪ Manipulation Under Anesthesia of the Ankle, Elbow, Finger, Hip, Pelvis, Sacroiliac Joint, Spine, Temporomandibular Joint, Thumb and Wrist ▪ Microcurrent Electrical Therapy ▪ Nucleoplasty - Laser Discectomy ▪ Osteochondral Autograft Transplantation of the Ankle ▪ Ovarian Adnexal Mass Assessment Score Test Systems (e.g., OVA1) ▪ Pancreatic Islet Cell Transplant - Allogeneic ▪ Percutaneous Disc Decompression ▪ Percutaneous Intradiscal Radiofrequency Thermocoagulation ▪ Percutaneous Neuromodulation Therapy ▪ Percutaneous Tibial Nerve Stimulation ▪ Phototherapy - Home Treatment of Vitiligo ▪ Pulsed Electrical Stimulation ▪ Pulsed Radiofrequency for the Treatment of Chronic Pain ▪ Quantitative Sensory Testing ▪ Radiofrequency Microtenotomy Tendinosis ▪ Radiofrequency Therapy for Treatment of Urinary Incontinence ▪ Radiofrequency Thermal Neurolysis - Cervico Thoracic Sympathetic Chain ▪ Real-Time Intra-Fraction Target Tracking Systems (e.g., Calypso® 4D Localization System) ▪ Repetitive Transcranial Magnetic Stimulation ▪ Robotic Surgical Systems Utilized for any Procedure other than Laparoscopic Prostatectomy ▪ Salivary Hormone Testing for Menopause ▪ Skin Substitutes for Wound Healing (Acticoat and E-Z Derm) ▪ Smooth Pursuit Neck Torsion Testing ▪ Suction-assisted Lipectomy ▪ Suit Therapy ▪ Surface Electrodiagnostic Studies -Lumber Matrix Scan ▪ Surgical Treatment of Migraine Headaches ▪ Surrogate Markers for Detection of Heart Transplant Rejection - Breath Testing (e.g., Heartsbreath) ▪ Sympathetic Peripheral Autonomic Skin Potentialism (PAP's) ▪ Thermography ▪ Total Body Photography ▪ Transanal Radiofrequency Therapy for Fecal Incontinence ▪ Tumor Chemosensitivity and Chemoresistance Assays (e.g., ChemoFx®) ▪ Unicondylar Interpositional Spacer ▪ Vagal Nerve Stimulation for Treatment of Depression ▪ Vertebral Axial Decompression ▪ Vertebroplasty of the Cervical Spine ▪ Vestibular Autorotation ▪ Whole-Body Computed Tomography ▪ Wireless Gastrointestinal Motility Monitoring System 	<p>Requests may be mailed to:</p> <p style="text-align: center;"> Medical Review CC: 01-6A-3982 2060 E. Ninth Street Cleveland, OH 44115 Fax: 800.516.2583 Fax: 877.321.6664 Fax: 216.687.2616 Prior Approval Form </p>

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