

## Prior Authorization and Investigational Services List



### Services Requiring Prior Authorization (Revised March 2020)

Please note: The terms prior authorization, prior approval, predetermination, advance notice, precertification, preauthorization and prior notification all refer to the same process.

CATEGORY	DETAILS	SUBMIT TO
<b>Ambulance Services</b>	Non-emergency air ambulance transportation	Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a>  <b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b>
<b>Cosmetic/Reconstructive Procedures*</b>	Abdominoplasty/Panniculectomy Blepharoplasty, Brow Lift and Blepharoptosis Repair Breast Reconstruction and Related Procedures Laser Therapy for Treatment of Rosacea Mastectomy (Bilateral Prophylactic) Mastopexy Otoplasty Reduction Mammoplasty Rhinoplasty Septoplasty Surgical Repair of Pectus Deformities Surgical Treatment of Gynecomastia	Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a> Or Fax: (877) 321-6664 <a href="#">Prior Approval Form</a>  <b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b>
<b>Durable Medical Equipment (DME)/Prosthetics/Orthotics*</b>	Bone Growth Stimulation: Electrical and Ultrasonic Conductive Garment for Delivery of TENS and NMES Continuous Glucose Monitoring Systems Cranial Orthosis for Plagiocephaly DME Misc. Items >\$1,000 Functional Electrical Stimulation High Frequency Chest Wall Oscillation System INR Monitoring System Knee Braces (Custom Fabricated) Mechanical Insufflation-Exsufflation Therapy Motorized Wheelchairs, Power Accessories and Power Operated Vehicles Pneumatic Compression Device Pressure Reducing Support Surfaces Prosthetics (microprocessor systems) Pulse Oximeter (home use) Speech-Generating Devices Tumor Treating (Treatment) Fields for Glioblastoma Multiforme Wearable Cardioverter Defibrillator (WED)	Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a> Or Fax: (877) 321-6664 <a href="#">Prior Approval Form</a>  <b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b>

CATEGORY	DETAILS	SUBMIT TO
<p><b>Genetic Testing/Gene Expression/Microarray Analysis*</b></p>	<p>* All Genetic Testing, Gene Expression Testing and Microarray Analysis testing requires prior authorization (unless specified as not required). Prior to testing for hereditary conditions Genetic Counseling is required.</p> <p>Breast Cancer Susceptibility 1 (BRCA1) Breast Cancer Susceptibility 2 (BRCA2) Breast Cancer Susceptibility 1 and 2 Large Rearrangement Testing</p> <p>Chromosomal Microarray Analysis Gene Expression Assays for the Management of Breast Cancer Genetic Testing for Colorectal Cancer Susceptibility Genetic Testing for Inherited Disorders Surrogate Markers for Detection of Heart Transplant Rejection – Gene Expression Profiling (e.g., AlloMap)</p>	<p>Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a> Or Fax: (877) 321-6664 <a href="#">Prior Approval Form</a></p> <p><b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b></p>
<p><b>Injectables*</b></p>	<p>Abatacept (Orencia IV and SC) Adalimumab (Humira) Ado-trastuzumab emtansine (Kadcyla®) Afamelanotide (Scenesse) <b>New requirement! Prior approval required effective 11/30/2019</b> Aflibercept (Eylea®) Agalsidase beta (Fabrazyme®) Alemtuzumab (Lemtrada®) (when utilized for treatment of multiple sclerosis) Alglucosidase alfa (Lumizyme®, Myozyme®) Alirocumab (Praluent®) Alpha1-proteinase inhibitors (Aralast NP™, Glassia™, Prolastin®, Prolastin®-C, Zemaira™) Anakinra (Kineret®) Arsenic Trioxide (Trisenox) Asparaginase Erwinia chrysanthemi (Erwinaze) Atezolizumab (Tecentriq®) Avelumab (Bavencio®) Axicabtagene ciloleucel (Yescarta®) Belimumab (Benlysta) Bendamustine (Treanda, Belrapzo, Bendeka™) Benralizumab (Fasenra) Berinert (C1 Esterase Inhibitor) Bevacizumab (Avastin) (prior approval is required for all conditions except diabetic macular edema, macular edema following retinal vein occlusion, or neovascular (wet) age-related macular degeneration) Bivigam Blinatumomab (Blincyto®) Bortezomib (Velcade) Botulinum Toxin Type A and B Bremelanotide (Vyleesi) <b>New requirement! Prior approval required effective 08/30/2019</b> Brentuximab vedotin (Adcetris®) Brexanolone (Zulresso®) <b>New requirement! Prior approval required effective 04/01/2019</b></p>	<p>Medical Drug Management Web: <a href="http://ih.magellanrx.com">ih.magellanrx.com</a> Fax: 1-888-656-1948 Phone: 1-800-424-7698 <a href="#">Prior Approval Form</a></p>

CATEGORY	DETAILS	SUBMIT TO
Injectables*	<p>Brodalumab (Siliq™)  Brolucizumab-dbl (Beovu)  Burosumab (Crysvita)  Cabazitaxel (Jevtana)  Calaspargase Pegol-mknl (Asparlas)  Calcitonin Gene-Related Peptide (CGRP) Antagonists  (Erenumab, Fremanezumab, Galcanezumab)  Canakinumab (Ilaris®)  Caplacizumab-yhdp (Cablivi) <b>New requirement! Prior approval required effective 3/15/2019</b>  Carfilzomib (Kyprolis®)  Cemiplimab-rwlc (Libtayo)  Cerliponase alfa (Brineura®)  Certolizumab pegol (Cimzia)  Cetuximab (Erbix®)  C1 esterase inhibitor (Cinryze)  C1 esterase inhibitor (Haegarda)  Copanlisib (Aliqopa®)  Crisanlizumab-tmca (Adakveo) <b>New requirement! Prior approval required effective 11/30/2019</b>  Cuvitru (immune globulin subcutaneous 20% solution)  Daclizumab (Zinbryta™)  Daratumumab (Darzalex™)  Darbepoetin alfa (Aranesp®)  Daunorubicin/cytarabine (Vyxeos®)  Denosumab (Xgeva®)  Dexamethasone (Dextenza) <b>New requirement! Prior approval required effective 08/30/2019</b>  Dupilumab (Dupixent®)  Durvalumab (Imfinzi®)  Ecallantide (Kalbitor)  Eculizumab (Soliris®)  Edaravone(Radicava®)  Elapegedemase-lvlr (Revcovi™)  Elosulfase alfa (Vimizim)  Elotuzumab (Empliciti™)  Emapalumab-lzsg (Gamifant)  Emicizumab-kxwh (Hemlibra)  Enzyme Replacement Therapy for Gaucher Disease  (imiglucerase, taliglucerase alfa, velaglucerase alfa)  Epoprostenol (Flolan, Veletri)  Erenumab-aoe (Aimovig™)  Eribulin mesylate (Halaven®)  Erythropoietin alfa (Epogen®, Procrit®, Retacrit)  Esketamine (Spravato™) <b>New requirement! Prior approval required effective 04/01/2019</b>  Etanercept (Enbrel)  Eteplirsen (Exondys51)  Evolocumab (Repatha®)  Filgrastim (Neupogen®)  Filgrastim-aafi (Nivestym™)  Fligrastrim-sndz (Zarxio™)  Flebogamma DIF  Fremanezumab-vfrm (Ajovy™)</p>	<p>Medical Drug Management  Web: ih.magellanrx.com  Fax: 1-888-656-1948  Phone: 1-800-424-7698  <a href="#">Prior Approval Form</a></p>

CATEGORY	DETAILS	SUBMIT TO
<p><b>Injectables*</b></p>	<p>Fulvestrant (Faslodex®)  Galcanezumab-gnlm (Emgality™)  Galsulfase (Naglazyme®)  Gammagard (all forms)  Gammaked  Gammaplex  Gamunex (all forms)  Gemtuzumab Ozogamicin (Mylotarg®)  Glatiramer acetate (Copaxone, Glatopa)  New Drug Prior Approval Policy (Global Prior Approval)  Givosiran (Givlaari) <b>New requirement! Prior approval required effective 11/30/2019</b>  Golimumab (Simponi)  Growth Stimulating Drugs  Guselkumab (Tremfya)  Histrelin (Vantas)  Hizentra  Icatibant (Firazyr®)  Iloprost (Ventavis)  Immune globulins (administered intravenous and subcutaneous)  Infliximab (Remicade)  Infliximab-dyyb (Inflectra®)  Infliximab-abda (Renflexis®)  Idursulfase (Elaprase®)  Inotersen (Tegsedi)  Inotuzumab Ozogamicin (Besponsa®)  Interferon beta-1a (Avonex®, Plegridy™, Rebif®)  Interferon beta-1b (Betaseron®, Extavia®)  Ipilimumab (Yervoy®)  Iobenguane I 131 (Azedra®)  Irinotecan liposomal (Onivyde®)  Ixabepilone (Ixempra®)  Ixekizumab (Taltz®)  Lanadelumab (Takhzyro®)  Laronidase (Aldurazyme®)  Luspatacept-aamt (Reblozyl) <b>New requirement! Prior approval required effective 11/30/2019</b>  Lutetium Lu 177 dotatate (Lutathera®)  Mepolizumab (Nucala®)  Methoxy polyethylene glycol-epoetin beta (Mircera®)  Mogamulizumab-kpkc (Poteligeo®)  Mometasone furoate (Sinuva™) <b>New requirement! Prior approval required effective 06/01/2019</b>  Moxetumomab pasudotox-tdfk (Lumoxiti)  Natalizumab (Tysabri)  Necitumumab (Portrazza™)  Nelarabine (Arranon)  Nivolumab (Opdivo®)  Nusinersen (Spinraza®)  Obinutuzumab (Gazyva®)  Ocrelizumab (Ocrevus®)  Octagam  Ofatumumab (Arzerra)</p>	<p>Medical Drug Management  Web: ih.magellanrx.com  Fax: 1-888-656-1948  Phone: 1-800-424-7698  <a href="#">Prior Approval Form</a></p>

CATEGORY	DETAILS	SUBMIT TO
Injectables*	<p>Olaratumab (Lartruvo®)</p> <p>Omacetaxine mepesuccinate (Synribo®)</p> <p>Omalizumab (Xolair®)</p> <p>Onasemnogene abeparvovec (Zolgensma®) <b>New requirement! Prior approval required effective 05/01/2019</b></p> <p>Paclitaxel albumin-bound (Abraxane®)</p> <p>Panzyga (IVIG)</p> <p>Pain Management Medications</p> <p>Panitumumab (Vectibix®)</p> <p>Patisirin (Onpatro®)</p> <p>Pegaptanib sodium (Macugen®)</p> <p>Pegaspargase (Oncaspar) <b>New requirement! Prior approval required effective 06/01/2019</b></p> <p>Pegvaliase-pqpz (Palynziq)</p> <p>Pegfilgrastim (Neulasta®)</p> <p>Pegfilgrastim-bmez (Ziextenzo)</p> <p>Pegfilgrastim-jmdb (Fulphila™)</p> <p>Pegfilgrastim-cbqv (Udenyca)</p> <p>Peginterferon alfa-2b (Sylatron™)</p> <p>Pegloticase (KRYSTEXXA)</p> <p>Pembrolizumab (Keytruda®)</p> <p>Pemetrexed (Alimta®)</p> <p>Pertuzumab (Perjeta®)</p> <p>Plasminogen (Rylpazim)</p> <p>Polatuzumab vedotin-piiq (Polivy) <b>New requirement! Prior approval required effective 07/01/2019</b></p> <p>Privigen</p> <p>Ramucirumab (Cyramza®)</p> <p>Ranibizumab (Lucentis®)</p> <p>Ravulizumab-cwvz (Ultomiris)</p> <p>Recombinant C1 esterase inhibitor (Ruconest®)</p> <p>Repository Corticotropin Injection (H.P. Acthar Gel)</p> <p>Reslizumab (Cinqair®)</p> <p>Rituximab (Rituxan)</p> <p>Rituximab and Hyaluronidase (Rituxan Hycela)</p> <p>Rizankizumab-rzaa (Skyrizi™) <b>New requirement! Prior approval required effective 05/15/2019</b></p> <p>Romidepsin (Istodax®)</p> <p>Romiplostim (Nplate®)</p> <p>Romozumab-aqqg (Evenity™) <b>New requirement! Prior approval required effective 06/01/2019</b></p> <p>Sargramostim (Leukine®)</p> <p>Sarilumab (Kevzara®)</p> <p>Sebelipase alfa (Kanuma)</p> <p>Secukinumab (Cosentyx™)</p> <p>Siltuximab (Sylvant®)</p> <p>Sipuleucel-T (Provenge)</p> <p>Synagis (Palivizumab) and RSV IVIG Respigam</p> <p>Tagraxofusp-erzs (Elzonris)</p> <p>Talimogene laherparepvic (Imlygic®)</p> <p>TBO-Filgrastim (Granix™)</p> <p>Testosterone cypionate (Depo®-Testosterone)</p> <p>Testosterone enanthate (Delatestryl®, Xyosted®)</p> <p>Testosterone pellet (Testopel®)</p>	<p>Medical Drug Management</p> <p>Web: <a href="http://ih.magellanrx.com">ih.magellanrx.com</a></p> <p>Fax: 1-888-656-1948</p> <p>Phone: 1-800-424-7698</p> <p><a href="#">Prior Approval Form</a></p>

CATEGORY	DETAILS	SUBMIT TO
<b>Injectables*</b>	Testosterone undecanoate (Aveed®) Tildrakizumab-asmn (Ilumya™) Tisagenlecleucel (Kymriah®) Tocilizumab (Actemra IV and SC) Trabectedin (Yondelis®) Trastuzumab (Herceptin®) Trastuzumab-dkst (Ogivri™) Trastuzumab/hyaluronidase-oysk (Herceptin Hylecta™) <b>New requirement! Prior approval required effective 04/01/2019</b> Treprostinil (Remodulin, Tyvaso) Triamcinolone acetonide extended-release injectable (Zilretta™) Triptorelin (Triptodur) Ustekinumab (Stelara) Vedolizumab (Entyvio®) Vestronidase alfa-vjbc (Mepsevii) Vincristine liposomal (Marqibo®) Viscosupplementation Injections (e.g., Euflexxa, Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz, Supartz FX, Synvisc, Synvisc-One, Gel-Syn, Durolane, Trivisc, Synojoynt, Triluron) Voretigene Neparvovec-rzyl (Luxturna) Ziv-aflibercept (Zaltrap)	Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 <a href="#">Prior Approval Form</a>

<b>Inpatient Services</b>	<b>Medical/Surgical Admissions</b> Acute Care Medical/Surgical 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)	MMO Contracting Providers Submit through: <a href="https://Reviewlink.mmoh.com">https://Reviewlink.mmoh.com</a>  For all other providers please fax clinical information to (800) 517-2583
	<b>Behavioral Health Admissions</b> Acute Care Psychiatric/Substance Abuse Residential Inpatient	Please fax clinical information to: (800) 524-9817
<b>Outpatient Services</b>	<b>Imaging</b> Computed Tomography (CT) Magnetic Resonance Imaging/Angiography (MRI/MRA) Myocardial perfusion (SPECT/PET) and cardiac blood pool imaging Other Nuclear Medicine Position Emission Tomography (PET)  Please find full listing by procedure at: <a href="https://www.evicore.com/healthplan/MedMutualOH">https://www.evicore.com/healthplan/MedMutualOH</a>	Submit through eviCore Healthcare Web: <a href="https://www.evicore.com/pages/providerlogin.aspx">https://www.evicore.com/pages/providerlogin.aspx</a> Or Phones: 1-888-693-3211 Fax: 1-888-693-3210

<b>Outpatient Services</b>	<p><b>Therapy</b> Not all plans require prior approval for therapy services (i.e., Mutual Health Services). Please contact the For Providers number on the back of the Covered Person's ID card.</p> <p>Chiropractic/Osteopathic Manipulative Therapy Occupational Therapy Physical Therapy Speech Therapy</p>	<p>Landmark DBA eviCore Web: <a href="https://uni.lmhealthcare.com/LHApps/">https://uni.lmhealthcare.com/LHApps/</a></p> <p>Therapy Authorization Forms: <a href="#">Physical</a>, <a href="#">Occupational</a> or <a href="#">Speech Therapy</a> Fax: 1-888-565-4225</p> <p>Chiropractic Services and Osteopathic Manipulation Fax: 1-800-599-8350</p>
	<p><b>Behavioral Therapy</b> Applied Behavioral Analysis (ABA) Therapy</p>	<p>Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a> Or Fax: -1-877-321-6664 <a href="#">Prior Approval Form</a></p> <p><b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b></p>
<b>Nursing</b>	Private Duty Nursing	1-800-258-3175
<p><b>Other Medical/Surgical/Diagnostic Services</b>  (furnished in a physician office, certified ambulatory surgery center, inpatient or outpatient hospital, or any other location)</p>	<p>Artificial Anal Sphincter for Treatment of Fecal Incontinence Artificial Intervertebral Disc Replacement Auditory Brainstem Implant Autologous Chondrocyte Implantation Bariatric surgery for obesity Bone Anchored Hearing Device (BAHA) Capsule (Wireless) Endoscopy – Esophagus through Ileum Carotid Artery Stenting Cochlear Implant Electrical Stimulation and Electromagnetic Therapy for the Treatment of Chronic Dermal Ulcers Electromagnetic Navigational Bronchoscopy Endoscopic Thoracic Sympathectomy for Treatment of Hyperhidrosis Gastric Electrical Stimulation for Treatment of Gastroparesis Gender Dysphoria Treatment Implantable Miniature Telescope – End Stage Age-Related Macular Degeneration Treatment Intensity Modulated Radiation Therapy Interspinous Process Decompression System (X-STOP) Intrastromal Corneal Ring Segments (Intacs) In Utero Fetal Surgery Laser Therapy – Vitiligo Longitudinal Gastrectomy (i.e., sleeve gastrectomy) Lumbar Spinal Fusion Lung Volume Reduction Surgery (LVRS) for Severe Emphysema</p>	<p>Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a> Or Fax: 1-877-321-6664 <a href="#">Prior Approval Form</a></p> <p><b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b></p>

<p><b>Other Medical/Surgical/ Diagnostic Services</b></p> <p><b>(furnished in a physician office, certified ambulatory surgery center, inpatient or outpatient hospital, or any other location)</b></p>	<p>Neutron Beam Therapy Osteochondral Allografts and Autografts (OATS Mosaicplasty) for the Treatment of Focal Articular Cartilage Defects of the Knee Outpatient Telemetry Systems Phototherapy – Home Treatment of Dermatological Conditions (Other Than Vitiligo) Proton Beam Radiotherapy 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 and Radiosurgery Strabismus Surgery if &gt;11 Years of Age Surrogate Markers for Detection of Heart Transplant Rejection – Gene Expression Profiling (e.g., AlloMap) Transcatheter Valve Replacement/Implantation Transcranial Magnetic Stimulation (TMS) for Treatment of Depression Transurethral Radiofrequency Micro-Remodeling Uterine Artery Embolization for Treatment of Fibroids Uvulectomy Uvulopalatopharyngoplasty Vertebroplasty – Thoracic and Lumbar Virtual Colonoscopy (Computed Tomographic Colonography) – Diagnostic</p>	<p>Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a> Or Fax: 1-877-321-6664 <a href="#">Prior Approval Form</a></p> <p><b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b></p>
<p><b>Transplants</b></p>	<p>Transplantation –</p> <ul style="list-style-type: none"> <li>• Blood component (e.g., Stem Cell, Bone Marrow)</li> <li>• Solid Organ (Except Corneal)</li> <li>• Pancreatic Islet Cell - Autologous</li> </ul>	<p>Care Management Phone: 1-800-258-3175</p>
<p><b>Total Artificial Heart Systems Ventricular Assist Devices</b></p>	<ul style="list-style-type: none"> <li>• Total Artificial Heart Systems</li> <li>• Ventricular Assist Devices</li> </ul>	<p>Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a></p> <p><b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b></p>

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**Investigational Services (Revised March 2020)**

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.

DETAILS	SUBMIT TO
<p>Actigraphy                      Allergen Specific IgE Quantitative or Semiquantitative, Multiallergen Screen (Dipstick, Disk or Paddle)                      Allergy – Sublingual Immunotherapy                      Anal Fistula Plug                      Axial Lumbar Interbody Fusion (AxiaLIF)                      Biodegradable Capsule with a Radiofrequency Identification Tag to Determine Patency of the Gastrointestinal Tract (e.g., AGILETM 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                      Chelation Therapy for Chemical Endarterectomy                      Coblation Radiofrequency Microtenotomy (TOPAZ) for Treatment of Tendinosis                      Compounded Drugs                      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                      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                      Evaluation of Vestibular Disorders                      Extracorporeal Magnetic Stimulation – Urinary Incontinence                      Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions                      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</p>	<p>Care Management                      Web: <a href="http://navinet.force.com">http://navinet.force.com</a></p> <p><b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b></p>

DETAILS	SUBMIT TO
<p>Intrapulmonary Percussive Ventilation System            Intravascular Stent without Distal Embolic Protection            In Utero Repair of Myelomeningocele            In Utero Tracheal Occlusion for Treatment of Congenital Diaphragmatic Hernia            Kyphoplasty – Cervical            Laser-assisted Uvulopalatoplasty            Laser Discectomy – Nucleoplasty            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            Non-Surgical Treatment of Obstructive Sleep Apnea: Oral Pressure 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            Radiofrequency Microtenotomy Tendinosis            Radiofrequency Therapy for Treatment of Urinary Incontinence            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 – Lumbar Matrix Scan            Surgical Treatment of Migraine Headaches            Surrogate Markers for Detection of Heart Transplant Rejection – Breath Testing (e.g., Heartsbreath)            Sympathetic Peripheral Autonomic Skin Potentialsm (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>	<p>Care Management            Web: <a href="http://navinet.force.com">http://navinet.force.com</a></p> <p><b>All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.</b></p>

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