



**SCOTT & WHITE HEALTH PLAN  
PRIOR AUTHORIZATION LIST  
EFFECTIVE JANUARY 1, 2017  
(Does Not Include Non-Covered Services)**

**IMPORTANT** – Prior Authorization is not a guarantee of benefits or payment at the time of service. Remember, benefits will vary between plans, so always verify benefits.

See important notes at end of document.

	BSWHEP <sup>3</sup> (SWHP contracted Providers ONLY)	Medical Policy
<b>Prior Authorization is required for ALL SERVICES to be provided by NON-CONTRACTED providers</b> (except for use of out-of-network benefits in PPO and POS products, unless required per listing below)	See Endnote <sup>3</sup>	-
<b>Notification required for admission to these facilities/services (maybe be subject to concurrent review):</b>		
Acute admissions to contracted hospitals (medical, surgical, behavioral health)	X	-
Admission to contracted hospice programs (inpatient or outpatient)	X	-
<b>Notification required for DISCHARGE from all facilities</b>	X	-
<b>Prior Authorization required for admission to facilities/programs listed below:</b>		
Admissions to LTAC, Rehabilitation, and SNF facilities	X	-
Admissions to behavioral health/substance abuse residential, partial hospitalization, and day programs (not office visits to contracted providers)	X	-
<b>Prior Authorization required for the procedures/services below (contracted and non-contracted providers):</b>		
Abdominoplasty	X	-
Applied behavioral analysis (ABA) therapy	X	206
Artificial disc implantation/replacement	X	061
Bone growth stimulators	X	009
Bone-anchored hearing aids (BAHA)	X	010
Cochlear implants	X	017
Cosmetic: procedures which may be considered cosmetic (e.g. face lift, brow lift, blepharoplasty, lid ptosis repair, liposuction, abdominoplasty, breast reconstruction (not associated with medically indicated mastectomy), surgery for gynecomastia, rhinoplasty, genioplasty, treatment of varicose veins, etc.)	X	-
Deep brain stimulator placement	X	025
Dental services and anesthesia for dental services	X	026
Epidural adhesiolysis	X	031
External Counterpulsation (EECP)	X	221
Fixed wing or jet medical transports and non-emergent helicopter	X	-
Gastric pacing/stimulation	X	036
Genetic/genomic testing (except for testing performed inhouse)	X	-
GI imaging with capsule endoscopy	X	136
Home health services, including all requests for hourly nursing	X	-
Insulin pump and/or continuous glucose monitor	X	055
Intrathecal pain pump implantation	X	046
IVIg Therapy	X	045
Left Atrial Occlusion Procedure (Watchman)	X	222
Lung volume reduction surgery	X	-
Neuropsychological and psychological testing	X	224/225
Novocure™ (Optune®) Alternating Electrical Fields Therapy for glioblastoma	X	226
Orthognathic surgery	X	104
Private duty nursing services	X	208
Prosthetics – See “DME and Prosthetics” section for specific items	X	-
Proton Beam Therapy	X	203
Sacral nerve stimulator	X	052
Spinal fusion	X	-



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Spinal fusion and vertebroplasty and kyphoplasty	x	084
Spinal stimulator trial and placement	x	078
Synagis <b>** Added: effective 1 July 2017**</b>	x	235
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	x	204
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	x	-
Vagal nerve stimulators	x	130
Varicose veins: surgical treatment and/or sclerotherapy	x	023
Ventricular assist devices (VAD)	x	201
Weight loss (bariatric) surgeries, if a covered benefit (not covered by many plans)	x	053

<b>Prior Authorization is required for the following DME, etc.:</b>		
Bone stimulators	x	
Breast implants (unless status post medically indicated mastectomy)	x	
Breast pump (hospital-grade) rental	x	063
Custom made and specially sized wheelchairs and related equipment	x	
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	x	
Dialysis equipment	x	
Electric, semi-electric, air fluidized, and advanced technology beds and related equipment	x	
Facial, nasal, and auricular prostheses	x	
Formula (enteral) Amino-acid based	x	
Functional electrical stimulation, transcutaneous stimulation of nerve and/or muscle groups, complete system	x	
Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, entire system	x	
High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment	x	
Lower and upper limb prosthetics (including myoelectric and microprocessor controlled) and related equipment/supplies	x	
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	x	
Oral appliances	x	
Orthotic devices	Foot Orthotics not covered	
Oxygen and related equipment	x	
Power operated vehicles and related equipment	x	
Power wheelchairs and related equipment	x	
Spinal Cord Stimulators	x	
Ventilators and related equipment	x	

**Endnotes:**

<sup>3</sup>This is for the Baylor Scott & White Health Employee Plan (BSWHEP) **\*\*If the Service Provider is contracted with Cigna (but not Scott & White Health Plan), or if the Service Provider is an out-of-network Provider, please direct prior authorization requests to Cigna by calling (866) 494-4872\*\***



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There are services and procedures which are not covered by SWHP/ICSW. These are **NOT** on the prior authorization list since they are never covered. Coverage for procedures is explained in the Medical Policies.

**The Medical Policy list can be found on our website at [www.swhp.org](http://www.swhp.org):** click on the “Providers” tab and then click on the “Prior Authorization Lists” hyperlink under “Important Message.” SWHP/ICSW has about 100 medical policies listed in alphabetical order. Please review this list for any procedure or services you provide and check before providing them to SWHP/ICSW members. Failure to do so will result in non-payment for the service or procedure (in the event that it is a non-covered benefit). The Health Services Department and Medical Directors will be happy to assist you with coverage questions. The toll free phone number is 1-844-655-5200 (CMS lines of business) or 1-888-316-7947 (all other lines of business).

**HMO Note:** The following services require prior authorization by Scott and White Health Plan (SWHP). We also request notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate and meet SWHP coverage criteria where applicable, and be rendered by in-network physicians/providers (unless otherwise authorized in advance) in order to be eligible for payment. All services rendered by non-contracted providers (except non-contracted Pathology, Anesthesiology, Radiology, Emergency Department and Assistant Surgeon physicians providing services in a contracted inpatient facility) must be prior authorized to receive full SWHP benefits. Claims will be reviewed to determine member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements. Benefits are determined by each Member’s plan. Authorization is not a guarantee of payment. Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website at [www.swhp.org](http://www.swhp.org), clicking on the “Providers” tab and then clicking on the “Prior Authorization Lists” hyperlink under “Important Message.”

**PPO Note:** The following services require prior authorization by Scott and White Health Plan (SWHP)/Insurance Company of Scott and White. We also request notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate and meet SWHP coverage criteria where applicable. Claims will be reviewed to determine Member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements. Benefits are determined by each Member’s plan. Authorization is not a guarantee of payment. Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is generally updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website at [www.swhp.org](http://www.swhp.org), clicking on the “Providers” tab and then clicking on the “Prior Authorization Lists” hyperlink under “Important Message.”