University of Arkansas
Pre-Authorization Listing effective 1-1-2013
(updated 3-7-2013)

- **In-Patient Hospitalizations**
  - Maternity stays over 48 hours for normal delivery, 96 hours for a C-section
  - Transplant and related services
  - In-patient behavioral health
  - Skilled nursing facilities
  - Long term acute care and acute rehab
  - Inpatient admissions
    *(urgent or emergent admissions including those directly from the physicians’ office, require notification within 72 hours of admission)*
  - Home Health Care

- **Durable Medical Equipment**
  - Purchases over $1500
  - Rentals over $500 per month
  - Prosthetics over $1000

- **Nutritional Counseling** over 1 visit (Must have BMI of 27 or greater for up to 3 additional visits. *Provider is to use the weight management physician attestation form to authorize level II.*

- **Physician Supervised, Non-surgical Weight Loss** (Must have BMI of 30 or greater) *Provider is to use the weight management physician attestation form to authorize level III.*

- **Genetic Testing**

- **Special Radiation therapy/Radiotherapy**, such as:
  - Stereotactic radiosurgery (Gamma Knife, CyberKnife)
  - Intensity Modulated Radiation Therapy (IMRT)
  - Brachytherapy
  - Proton Beam Therapy

- **Sleep apnea surgery and/or treatment of snoring**; such as:
  - Uvulopalatopharyngoplasty (UPPP)
  - Laser-assisted uvulopalatopharyngoplasty (LAUP)

- **Implantable stimulators** including but not limited to:
  - Neuromuscular stimulators
  - Bone growth stimulators
  - Dorsal column stimulators

- **OP spinal procedures/OP Back procedures** including but not limited to:
  - Vertebroplasty
  - Kyphoplasty
  - Total Disk Arthroplasty – cervical or lumbar
  - Intervertebral disk prosthesis
• Intrathecal pain pumps
• Special oral formula/Enteral feedings infant formula is covered for PKU only; enteral feedings are covered only if administered through a tube as the sole source of nutrition.
• Outpatient Hyperbaric Oxygen Treatment
• Clinical Trials
• Non-emergent outpatient diagnostic imaging services:
  o MRI
  o MRA
  o PET
  o CT
  o CTA
  o EBCT
  o Nuclear Studies
• Any surgery that could be considered potentially cosmetic including but not limited to:
  o Reconstructive surgery
  o Eyelid Surgery
  o Varicose vein surgery
• High dollar Injectable therapy, except Insulin including but not limited to:
  o Synagis
  o Growth Hormone
  o IVIG
  o ESA (Erythropoesis Stimulating Agents): Epogen, Procrit, and Aranesp
• Specific Outpatient Surgeries
  o Abortions
  o Accidental dental services/oral surgery/ Anesthesia and Facility Fees (when covered)
  o TMJ – Services for the diagnosis and/or treatment –covered under Point of Service Plans only