Yes = PRIOR AUTHORIZATION REQUIRED No = NO PRIOR AUTHORIZATION REQUIRED

** Out of network providers always require service pre-authorization.**

DISCLAIMER: A PRIOR AUTHORIZATION DOES NOT GUARANTEE THAT BENEFITS WILL BE PAID

Effective 09/1/2020 00:00:01

Category	Services	USFHP	TX HIX	LA HIX	TX MA	NM MA	NCHD
Admissions	Inpatient Hospital Admissions	Yes	Yes	Yes	Yes	Yes	No if at Spohn
Admissions	Long Term Acute Care	Yes	Yes	Yes	Yes	Yes	Yes
Admissions	Observation Stay	No	No	No	No	No	No if at Spohn
Admissions	Rehabilitation, Inpatient	Yes	Yes	Yes	Yes	Yes	Yes
Admissions	Skilled Nursing Facility	Yes	Yes	Yes	Yes	Yes	Yes
Audiology	Audiological/Audiometric Testing	No	No	No	No	No	Yes
Audiology	Hearing Exam/Hearing Aid Evaluation	No	No	No	No	No	No
Behavioral	Behavioral/emotional assessment, brief (ADHD/depression, etc.)	No	No	No	No	No	No
Behavioral	Behavioral Health, Inpatient	Yes	Yes	Yes	Yes	Yes	No
Behavioral	Child Developmental/Behavioral Evaluations & Testing	No	No	No	No	No	No
Behavioral	Cognitive Function Testing	No	No	No	No	No	No
Behavioral	Counseling	No	No	No	No	No	No
Behavioral	Substance Use Disorders, Inpatient	Yes	Yes	Yes	Yes	Yes	No
Behavioral	Neuropsychological Testing	No	No	No	No	No	No
Behavioral	Psychiatric Care	No	No	No	No	No	No
Behavioral	Psychological Testing	No	No	No	No	No	No
Behavioral	Psychotherapy	No	No	No	No	No	No
Behavioral	Residential Treatment Center	Yes	Yes	Yes	Yes	Yes	No
Breast	Augmentation Mammoplasty	Yes	Yes	Yes	Yes	Yes	Yes
Breast	Breast Biopsy, Local/Needle/Excisional	No	No	No	No	No	No
Breast	Breast Implant Removal	No	No	No	No	No	Yes
Breast	Mammogram (Routine, Diagnostic, Screening, Spot Compression)	No	No	No	No	No	No
Breast	Mammoplasty, Reduction	Yes	Yes	Yes	Yes	Yes	Yes
Breast	Post Mastectomy Prosthesis	No	No	No	No	No	Yes
Breast	Post Mastectomy Reconstructive Breast Surgery	Yes	Yes	Yes	Yes	Yes	Yes
Cardiology and Vascular	Adenosine/Cardiolyte Stress Test	No	No	No	No	No	Yes
Cardiology and Vascular	Angiogram	Yes	Yes	Yes	Yes	Yes	Yes
Cardiology and Vascular	AV Graft/Fistula for Hemodialysis	No	No	No	No	No	Yes
Cardiology and Vascular	Cardiac Catheterization, Stent, Angioplasty	No	No	No	No	No	Yes
Cardiology and Vascular	Cardiac Monitor, Insertable (Reveal)	Yes	Yes	Yes	Yes	Yes	Yes
Cardiology and Vascular	Cardiac Rehabilitation	No	No	No	No	No	No
Cardiology and Vascular	Cardiac/Vascular Surgery not otherwise listed	Yes	Yes	Yes	Yes	Yes	Yes
Cardiology and Vascular	Cholesterol checking device	No	No	No	No	No	No
Cardiology and Vascular	Cardioversion	No	No	No	No	No	No
Cardiology and Vascular	Defibrillator, External (Zoll Life Vest)	Yes	Yes	Yes	Yes	Yes	No
Cardiology and Vascular	Event Monitor/Holter Monitor	No	No	No	No	No	Yes
Cardiology and Vascular	Pacemaker Monitoring	No	No	No	No	No	No
Cardiology and Vascular	Pacemaker Telephonic Checks	No	No	No	No	No	No
Cardiology and Vascular	Port-a-Cath Flush-Office Based	No	No	No	No	No	No
Cardiology and Vascular	Port-a-Cath Flush-Outpatient Hospital	No	No	No	No	No	No
Cardiology and Vascular	Port-a-Cath Insertion	No	No	No	No	No	Yes
Cardiology and Vascular	TAVR	Yes	Yes	Yes	Yes	Yes	No
Cardiology and Vascular	Varicose Vein Treatment	Yes	Yes	Yes	Yes	Yes	Yes
Cardiology and Vascular	Ventricular Assist Device	Yes	Yes	Yes	Yes	Yes	No
Chemotherapy	Chemotherapy (excludes research protocols)	Yes	Yes	Yes	Yes	Yes	Yes
Chemotherapy	Clinical Trials (See NCI)	Yes	Yes	Yes	Yes	Yes	No
Chemotherapy	NCI Clinical Trials	Yes	Yes	Yes	Yes	Yes	No
Dermatology	Abrasion Treatment, Dermabrasion, Salabrasion	Yes	Yes	Yes	Yes	Yes	No
Dermatology	Laser Treatment for Psoriasis	No	No	No	No	No	No
Dermatology	Light/Ultraviolet Therapy	No	No	No	No	No	No
Dermatology	Lymphedema Pump/Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Dermatology	Mohs Surgery	No	No	No	No	No	Yes
Dermatology	Psoralen & Ultraviolet Light Therapy (PUVA)	No	No	No	No	No	No
Dermatology	Scar Revision	Yes	Yes	Yes	Yes	Yes	Yes
Diagnostic Testing/Imaging	Bio Wellness Scan	No	No	No	No	No	No
Diagnostic Testing/Imaging	Biofeedback	No	No	No	No	No	No
Diagnostic Testing/Imaging	Bone Density, DEXA	No	No	No	No	No	No
Diagnostic Testing/Imaging	Bronchoscopy	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	BSGI (Breast-Specific Gamma Imaging)	No	Yes	No	No	No	No
Diagnostic Testing/Imaging	Cisternogram	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	CT Scans/CT Myelograms/CT Angiogram	No	No	No	No	No	No
Diagnostic Testing/Imaging	Discogram	No	No	No	No	No	No
Diagnostic Testing/Imaging	Doppler/Duplex Scan	No	No	No	No	No	No

Diagnostic Testing/Imaging	Echocardiogram (Doppler, transthoracic or transesophageal)	No	No	No	No	No	No
Diagnostic Testing/Imaging	Electrocardiogram (EKG)	No	No	No	No	No	No
Diagnostic Testing/Imaging	Electroencephalogram (EEG)	No	No	No	No	No	No
Diagnostic Testing/Imaging	Electromyogram (EMG)	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	Endoscopy	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	ERCP	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	Gastric Emptying Study	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	HIDA-Hepatobiliary ductal system imaging	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	MBI (Molecular Breast Imaging)	Yes	Yes	Yes	Yes	Yes	Yes
Diagnostic Testing/Imaging	MRA	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	MRCP	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	MRI, Open MRI Only	Yes	Yes	Yes	Yes	Yes	Yes
Diagnostic Testing/Imaging	MUGA (Multiple Gated Acquisition)	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	Myocardial Perfusion Imaging (SPECT)	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	Nuclear Medicine See List by system: Endocrine System: 78012-78099; Hematopoietic & Lymphatic System: 78102-78199; Gastrointestinal System: 78201-78299; Musculoskeletal System: 78300-78399; Cardiovascular System: 78414-78499; Respiratory System: 78579-78599; Nervous System: 78600-78699; Genitourinary System: 78700-78799; Other: 78800-78999; Therapeutic: 79005-79999	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	PAD/PDD	No	No	No	No	No	No
Diagnostic Testing/Imaging	PET Scan	Yes	Yes	Yes	Yes	Yes	Yes
Diagnostic Testing/Imaging	Polysomnography (Sleep Study)	Yes	Yes	Yes	Yes	Yes	Yes
Diagnostic Testing/Imaging	Radiology, X-Ray	No	No	No	No	No	No
Diagnostic Testing/Imaging	Stress Test- Treadmill test	No	No	No	No	No	No
Diagnostic Testing/Imaging	Thoracoscopy, Diagnostic	No	No	No	No	No	Yes
Diagnostic Testing/Imaging	Ultrasound	No	No	No	No	No	No
Diagnostic Testing/Imaging	Whole Body Bone Scan	No	No	No	No	No	Yes
Durable Medical Equipment	Bath/Shower Chair	No	No	No	No	No	No
Durable Medical Equipment	Bed Board	No	No	No	No	No	No
Durable Medical Equipment	Bone Growth Stimulator	Yes	Yes	Yes	Yes	Yes	No
Durable Medical Equipment	Braces (Orthopedic)	No if less than $500	No if less than $500	No if less than $500	No if less than $500	No if less than $500	No, if less than $250
Durable Medical Equipment	Bra-Post Mastectomy	No	No	No	No	No	Yes
Durable Medical Equipment	Breast Prosthesis	No	No	No	No	No	Yes
Durable Medical Equipment	Breast Pump (Manual, Electric)	No	No	No	No	No	Yes
Durable Medical Equipment	Cane	No	No	No	No	No	No
Durable Medical Equipment	Cast, Application and Removal	No	No	No	No	No	No
Durable Medical Equipment	Cochlear Implant	Yes	Yes	Yes	Yes	Yes	No
Durable Medical Equipment	Colostomy Supplies	No	No	No	No	No	No
Durable Medical Equipment	Commode, Bedside specific to 3-n-1	No	No	No	No	No	No
Durable Medical Equipment	Continuous Glucose Monitoring System (CGMS)	No	No	No	No	No	No
Durable Medical Equipment	CPAP Maching	No	No	No	No	No	Yes
Durable Medical Equipment	CPAP Supplies (up to 4 units) - Unit limits cover all Lines of Business	No	No	No	No	No	Yes
Durable Medical Equipment	CPM Machine	No	No	No	No	No	Yes
Durable Medical Equipment	Crutches	No	No	No	No	No	No
Durable Medical Equipment	Diabetic Shoes/Custom Orthotics	No	No	No	No	No	Yes
Durable Medical Equipment	Diabetic Supplies	No	No	No	No	No	No
Durable Medical Equipment	Durable Medical Equipment-If not otherwise listed and by contracted price	Yes over $500 billed	Yes over $500 billed	Yes over $500 billed	Yes over $500 billed	Yes over $500 billed	Yes over $500 billed
Durable Medical Equipment	Electric Wheelchair	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	Enteral Nutrition/Enteral Feedings	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	Foot Board	No	No	No	No	No	No
Durable Medical Equipment	Glucometer/Test Strips	No	No	No	No	No	No
Durable Medical Equipment	Hearing Aid	No	Yes	Yes	See Benefits	See Benefits	Yes
Durable Medical Equipment	Hospital Bed	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	Humidifier	No	No	No	No	No	No
Durable Medical Equipment	Hydrotherapy (Pool Therapy)	Yes	Yes	Yes	Yes	Yes	No
Durable Medical Equipment	Insulin Pumps	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	Nebulizer	No	No	No	No	No	No
Durable Medical Equipment	Ostomy Supplies	No	No	No	No	No	No
Durable Medical Equipment	Oxygen Equipment, Portable and Stationary	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	Patient Lifts	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment	TENS Unit	No	No	No	No	No	No
Durable Medical Equipment	Toilet Seat, Raised	No	No	No	Yes	Yes	No
Durable Medical Equipment	Traction Equipment	No	No	No	No	No	No
Durable Medical Equipment	Travel /Transport Chair	No	No	No	No	No	No
Durable Medical Equipment	Urinary Supplies such as disposable foley catheters for member use	No	No	No	No	No	No
Durable Medical Equipment	Urostomy Supplies	No	No	No	No	No	No
Durable Medical Equipment	Walker, Rolling	No	No	No	No	No	No

Durable Medical Equipment	Wheelchair Cushion	No	No	No	No	No	No
Durable Medical Equipment	Wheelchair, Standard	No	No	No	No	No	No
Durable Medical Equipment	Wig (oncology related)	No	No	No	No	No	No
Ear Nose and Throat	Allergy Injections	No	No	No	No	No	No
Ear Nose and Throat	Allergy Testing	No	No	No	No	No	No
Ear Nose and Throat	Laryngoscopy	No	No	No	No	No	Yes
Family Planning	Family Planning	MERITAIN	No	No	No	No	No
Family Planning	Infertility & Impotence Services	MERITAIN	No	No	No	No	No
Family Planning	Surgical Sterilization (female)	MERITAIN	No	No	No	No	No
Family Planning	Vasectomy	MERITAIN	No	No	No	No	No
Female Reproduction	Colposcopy	No	No	No	No	No	Yes
Female Reproduction	Hysterectomy	No	No	No	No	No	Yes
Female Reproduction	Hysteroscopy	No	No	No	No	No	Yes
Female Reproduction	Induction of Labor	No	No	No	No	No	No
Female Reproduction	Maternity Services, Pre and Post Natal	No	No	No	No	No	Yes
Female Reproduction	Uterine Artery Embolization (UAE)	Yes	Yes	Yes	Yes	Yes	Yes
Gastroenterology	Anoscopy	No	No	No	No	No	No
Gastroenterology	Bariatric Surgery (Vertical Banding, Lap Band, Gastric Sleeve, bypass etc.)	Yes	No	No	Yes	Yes	No
Gastroenterology	Barium Swallow, Modified	No	No	No	No	No	Yes
Gastroenterology	Colonoscopy	No	No	No	No	No	Yes
Gastroenterology	Endoscopy, Gastrointestinal (EGD)	No	No	No	No	No	Yes
Gastroenterology	Esophageal Motility (Oral Capsule Camera)	Yes	Yes	Yes	Yes	Yes	Yes
Home Health	Home Health Care (SNV, PT, OT, SP, HHA, Private Duty)	Yes	Yes	Yes	Yes	Yes	Yes
Home Health	Home visit, Physician	No	No	No	No	No	No
Home Health	Hospice Care	Yes	Yes	Yes	Yes	Yes	Yes
Home Health	Respite Care	Yes	No	Yes	Yes	Yes	No
Laboratory and Pathology	Biopsy/Excision/Lesion (Outpatient, with no anesthesia)	No	No	No	No	No	No
Laboratory and Pathology	Blood Transfusion	No	No	No	No	No	No
Laboratory and Pathology	Bone Marrow Aspiration/Biopsy	No	No	No	No	No	Yes
Laboratory and Pathology	BRCA 1 & 2	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory and Pathology	Genetic Counseling/Testing	Yes	Yes	Yes	Yes	Yes	No
Laboratory and Pathology	Laboratory Studies	No	No	No	No	No	No
Laboratory and Pathology	Oncotype DX	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory and Pathology	Phlebotomy	No	No	No	No	No	No
Medication	Botulinum Toxin A Injection (Botox)	Yes	Yes	Yes	Yes	Yes	Yes
Medication	Drug, 17P	No	No	No	No	No	No
Medication	Drugs, High Cost /Infusion Medication (>$5,000 billed per month)	Yes	Yes	Yes	Yes	Yes	Yes
Medication	Immunizations & Vaccinations for Travel	No	No	No	No	No	No
Medication	Immunizations & Vaccinations, Routine	No	No	No	No	No	No
Medication	VANTAS (Histrelin Implant)	Yes	Yes	Yes	Yes	Yes	Yes
Neurology	Kyphoplasty/Vertebroplasty	Yes	Yes	Yes	Yes	Yes	Yes
Neurology	Lumbar Puncture	No	No	No	No	No	No
Neurology	Total Disc Arthroplasty, Artificial Disc	No	No	No	No	No	Yes
Office	Diabetic Education	No	No	No	No	No	No
Office	Nutritional Counseling	No	No	No	No	No	Yes
Office	Office Visit, PCP	No	No	No	No	No	No
Office	Office Visit, Specialist	No	No	No	No	No	No
Office	Physicals, Annual Routine	No	No	No	No	No	No
Office	Telemedicine	Yes	Yes	Yes	Yes	Yes	No
Ophthalmology	Blepharoplasty	Yes	Yes	Yes	Yes	Yes	Yes
Ophthalmology	Cataract Extraction	No	No	No	No	No	Yes
Ophthalmology	Eye Examinations-Annual or Routine	No	No	No	No	No	Yes
Ophthalmology	Drugs used for Eye (Ophthalmic) injections (excludes Avastin)	Yes	Yes	Yes	Yes	Yes	Yes
Ophthalmology	Drugs used for Eye (Ophthalmic) injections, Avastin	No	No	No	No	No	Yes
Ophthalmology	Glaucoma treatments	No	No	No	No	No	Yes
Ophthalmology	Punctum Plug	No	No	No	No	No	Yes
Ophthalmology	Cryopexy	No	No	No	No	No	No
Ophthalmology	Laser Photocoagulation	No	No	No	No	No	No
Ophthalmology	Pneumatic Retinopexy	No	No	No	No	No	No
Ophthalmology	Retinal Diathermy	No	No	No	No	No	No
Ophthalmology	Scleral Buckling	No	No	No	No	No	No
Ophthalmology	Vitrectomy	No	No	No	No	No	Yes
Ophthalmology	YAG Laser Surgery	No	No	No	No	No	Yes
Oral	Craniomandibular Joint (CMJ) (does not refer to TMJ)	Yes	Yes	Yes	Yes	Yes	No
Oral	Dental Procedures & Supplies	Yes	Yes	Yes	Yes	Yes	Yes
Oral	Oral Surgery	Yes	Yes	Yes	Yes	Yes	No
Oral	TMJ Treatment	Yes	Yes	No	No	No	No
Orthopedic	Arthroscopy	No	No	No	No	No	Yes

Orthopedic	Hip Replacement	Yes	Yes	Yes	Yes	Yes	Yes
Orthopedic	Knee Replacement	Yes	Yes	Yes	Yes	Yes	Yes
Orthopedic	Trigger Finger	No	No	No	No	No	Yes
Pain Management	Acupuncture	No	No	No	No	No	No
Pain Management	Chiropractic Treatment	No	Yes	Yes	Yes	Yes	Yes
Pain Management	Drug Screening for Pain Management Patients	No	No	No	No	No	No
Pain Management	Epidural Steroid Injection (ESI)	No	No	No	No	No	Yes
Pain Management	Intra articular Injection	No	No	No	No	No	No
Pain Management	Nerve Block	No	No	No	No	No	Yes
Pain Management	Neuromuscular Stimulator (implanted)	Yes	Yes	Yes	Yes	Yes	Yes
Podiatry	Foot Care Routine(corns, calluses, nail trims, debridement)	No	No	No	No	No	Yes
Podiatry	Foot Care, Non-Routine (injury/trauma)	No	No	No	No	No	No
Pulmonology	Pulmonary Function/Stress Test	No	No	No	No	No	No
Pulmonology	Pulmonary Rehabilitation	No	No	No	No	No	Yes
Pulmonology	Thoracentesis	No	No	No	No	No	Yes
Radiation	Brachytherapy	Yes	Yes	Yes	Yes	Yes	Yes
Radiation	Radiation Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Renal	Bladder Aorta Scan	No	No	No	No	No	No
Renal	Circumcision	No	No	No	No	No	No
Renal	Cystometrogram (CMG)	No	No	No	No	No	No
Renal	Cystoscopy	No	No	No	No	No	No
Renal	Cystourethroscopy	No	No	No	No	No	No
Renal	Dialysis (Hemodialysis or Peritoneal)	No	No	No	No	No	Yes
Renal	Erectile Dysfunction Treatment	No	No	No	No	No	No
Renal	Proctosigmoidoscopy	No	No	No	No	No	Yes
Renal	Transurethral Resection of Bladder Tumor (TURBT)	Yes	Yes	Yes	Yes	Yes	Yes
Renal	Urethral Pressure Profile (UPP)	No	No	No	No	No	No
Renal	Urodynamic Studies	No	No	No	No	No	No
Renal	Uroflowmetry (UFR)	No	No	No	No	No	No
Renal	Voiding Pressure Study (VP)	No	No	No	No	No	No
Surgery	I & D Procedures	No	No	No	No	No	No
Surgery	Reconstructive (Plastic) Surgery Ex: Trauma, Oncology	Yes	Yes	Yes	Yes	Yes	Yes
Surgery	Transplants	Yes	Yes	Yes	Yes	Yes	No
Therapy	Chelation Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Therapy	Occupational Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Therapy	Occupational Therapy, Initial Evaluation	No	No	No	No	No	Yes
Therapy	Physical Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Therapy	Physical Therapy, Initial Evaluation	No	No	No	No	No	Yes
Therapy	Speech Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Therapy	Speech Therapy, Initial Evaluation	No	No	No	No	No	No
Transportation	Ambulance, Air	Yes	Yes	Yes	Yes	Yes	Yes
Transportation	Ambulance, Ground, Emergency	No	No	No	No	No	No
Transportation	Ambulance, Ground, Non Emergency - Except transfers from facility to facility.	Yes	Yes	Yes	Yes	Yes	Yes
Wound Care	Debridement-Wounds	No	No	No	No	No	No
Wound Care	Hyperbaric (HBO)	Yes	Yes	Yes	Yes	Yes	Yes
Wound Care	Negative Pressure Wound Therapy Pump	Yes	Yes	Yes	Yes	Yes	Yes