

**Saint Mary's Health Plans Southern NV HMO Prior Authorization List  
Administered by HealthCare Partners of Nevada**

Receiving approval on a prior authorization request does not guarantee payment. Some plans may have limitations on certain benefits.  
If the benefit is not covered or the limitation is met, payment will not be made.

<p><b>GENERAL</b></p> <ul style="list-style-type: none"> <li>• Elective admissions, in or out of area.</li> <li>• Experimental or investigational procedures</li> <li>• Injectable medications             <ul style="list-style-type: none"> <li>◆ Biologicals</li> <li>◆ Disease modifying agents</li> <li>◆ Fertility</li> <li>◆ Growth hormone</li> </ul> </li> <li>• Labs not performed at Quest - outpatient/non-emergent/non-pre-operative</li> <li>• Out of network or non-par procedures and services</li> <li>• <b>OUTPATIENT PROCEDURES IN ALL HOSPITALS</b></li> <li>• <b>Varicose Veins procedure requires Prior Authorization.</b></li> <li>• <b>UMC SERVICES REQUIRE PRIOR AUTHORIZATION (No exceptions apply)</b></li> </ul> <p><b>NON-SURGICAL – AMBULATORY</b></p> <p>Consults and treatment for:</p> <ul style="list-style-type: none"> <li>• Cardiac rehab</li> <li>• Chiropractic care</li> <li>• Dental anesthesia</li> <li>• EECF</li> <li>• Epidural steroids and injection blocks (except during delivery or surgery)</li> <li>• Eye services:             <ul style="list-style-type: none"> <li>◆ Avastin</li> <li>◆ Blepharoplasty/Canthoplasty/Canthoplexy</li> <li>◆ Botox</li> <li>◆ Lucentis</li> <li>◆ Macugen</li> <li>◆ Ptosis</li> </ul> </li> <li>• Hospital outpatient specialty clinic visits</li> <li>• Hyperbaric oxygen</li> <li>• Neurological procedures             <ul style="list-style-type: none"> <li>◆ BAER MEP</li> <li>◆ EEG NCV</li> <li>◆ EMG SEP</li> <li>◆ ENG VEP</li> </ul> </li> <li>• Nuclear stress test             <ul style="list-style-type: none"> <li>◆ Adenosine, dobutamine, persantine and lexiscan stress test require authorization</li> </ul> </li> <li>• Pulmonary rehab</li> <li>• Sleep studies</li> <li>• TMJ – Diagnosis and treatment</li> <li>• Transcranial Doppler</li> <li>• Transplant evaluation</li> </ul> <p><b>The following do not require Prior Authorization:</b></p> <ul style="list-style-type: none"> <li>• Stress test ordered by and completed at Heart Center of Nevada.</li> </ul> <p><b>The following do not require Prior Authorization:</b></p> <ul style="list-style-type: none"> <li>• <b>Blood transfusions</b></li> <li>• <b>IV antibiotics</b></li> <li>• <b>IV hydration</b></li> <li>• <b>Lumbar puncture</b></li> <li>• <b>Outpatient chemotherapy</b></li> </ul>	<p><b>SURGICAL – AMBULATORY</b></p> <p>Ambulatory (All outpatient procedures performed in Ancillary Surgery Centers, or Hospitals)</p> <p><b>The following do not require Prior Authorization:</b> <b>Bronchoscopy, thoracentesis, paracentesis, PFTs, amniocentesis, cataract surgeries (performed by Nevada Eye PA), central line insertion, D &amp; C, dialysis, de-clotting of dialysis graft or fistula, G-tube/peg tube placement or replacement, laser-ophthalmologic operative and/or diagnostic procedure, sterilization (tubal ligations or vasectomies), wound care – outpatient, lumbar puncture, IVC filter, cardiac angiograms, lithotripsy and litholapaxy without stenting (UNLESS PERFORMED AT UMC).</b></p> <p><b>DME – SPECIALTY – ALL VENDORS</b></p> <p><b>ANY DME not capitated under Apria</b></p> <ul style="list-style-type: none"> <li>• Beds – specialty</li> <li>• Bone growth stimulators</li> <li>• Braces, splints, air casts</li> <li>• Breast prosthesis and bras s/p mastectomy</li> <li>• Chair lift mechanism</li> <li>• Diabetic             <ul style="list-style-type: none"> <li>◆ Continuous glucose monitoring</li> <li>◆ Insulin pump and supplies</li> <li>◆ Orthotic inserts</li> <li>◆ Shoes</li> </ul> </li> <li>• Lymphedema pumps</li> <li>• Orthotics</li> <li>* Oxygen             <ul style="list-style-type: none"> <li>◆ Oxylite systems</li> <li>◆ Travel O2</li> </ul> </li> <li>• Prosthetic – devices, supplies, and repairs</li> <li>• Rojo cushions</li> <li>* Scooter             <ul style="list-style-type: none"> <li>◆ Motorized</li> </ul> </li> <li>* Walkers with a seat</li> <li>* Wheel chair – All purchases             <ul style="list-style-type: none"> <li>◆ Repairs</li> </ul> </li> </ul> <p><b>* DME with an asterisk requires Desert Valley Therapy functional evaluation prior to submitting prior authorization request</b></p> <p><b>DME MEDICAL SUPPLIES</b></p> <ul style="list-style-type: none"> <li>• All soft medical goods used in the home</li> </ul> <p><b>The following do not require Prior Authorization:</b></p> <ul style="list-style-type: none"> <li>• Medicare covered ostomy and catheter supplies.</li> </ul>	<p><b>OB SERVICES</b></p> <ul style="list-style-type: none"> <li>• Artificial insemination</li> <li>• C-section</li> <li>• OB ultrasound &gt; 2</li> <li>• The following procedures when not in conjunction with OB checks and are performed at the hospital:             <ul style="list-style-type: none"> <li>◆ Fetal biophysical</li> <li>◆ OB ultrasounds – ALL</li> </ul> </li> </ul> <p><b>HOMEBOUND SERVICES</b></p> <ul style="list-style-type: none"> <li>• PICC lines</li> <li>• Podiatry</li> <li>• Portable x-rays</li> </ul> <p><b>HOME HEALTH SERVICES</b></p> <ul style="list-style-type: none"> <li>• Home Health Care</li> <li>• Injectables at home</li> </ul> <p><b>SURGICAL / PROCEDURE PHYSICIANS' OFFICE</b></p> <ul style="list-style-type: none"> <li>• <b>Any office procedure &gt; \$2,500.00 Medicare allowable</b></li> <li>• Moh's surgery</li> <li>• Oral surgery</li> <li>• Plastic/reconstructive surgeries</li> </ul> <p><b>RADIOLOGY</b></p> <p>All CT scans, CTA, MRI, MRA, myelogram, angiograms, DEXA scans, nuclear studies, PET scans, vascular ultrasound, angioplasty</p> <p><b>The following do not require Prior Authorization:</b></p> <ul style="list-style-type: none"> <li>• IVP, barium swallow, barium enema, upper GI/Esophagram, VCUG</li> <li>• Fistulogram</li> <li>• Hysterosalpingogram</li> <li>• Male and female mammograms, spot compression, abdominal/pelvic/breast ultrasounds are direct referrals to Desert Radiologists.</li> </ul> <p><b>SPECIALISTS WHO REQUIRE PRIOR AUTHORIZATIONS</b></p> <ul style="list-style-type: none"> <li>• All non-par specialties</li> <li>• Genetic Counseling</li> <li>• Oral Surgery</li> <li>• Pain management programs</li> <li>• Plastic surgery</li> <li>• Reproductive Endocrinology</li> <li>• Urology</li> </ul> <p><b>The following do not require Prior Authorization:</b></p> <ul style="list-style-type: none"> <li>• All Pediatric specialties</li> </ul>
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**SAINT MARY'S HEALTH PLANS  
SOUTHERN NV HMO PRIOR AUTHORIZATION LIST  
Administered by HealthCare Partners of Nevada**

**IMPORTANT NUMBERS**

Prior Authorization	(702) 318-2402	Prior Authorization Fax	(702) 318-2404
Prior Authorization Status	(702) 318-2402	Hospitalists Notification	(702) 464-8866
Network Services	(702) 318-2403	Provider Services	(888) 478-7351
On-Call Case Manager	(702) 464-8866	On-Call Supervisor	(702) 464-8831
HealthCare Partners (Main #)	(702) 318-2400	Administrative Fax	(702) 318-2497
Apria Standard DME	(702) 736-4466	Enteral Therapy (Option 1)	(480) 883-1188
Infusion Therapy (Preferred Home Care)	(702) 951-6900	Home Health Care (Initial Referral Only)	FAX (702) 966-8652
For Direct Admits	(702) 216-3350		

If you have questions regarding injectable medications, please call 318-2442 or 318-2481.

For all Prior Authorization questions, please call HCPNV at 318-2402.

To verify eligibility and coverage benefits for the following specialties, please call the number on the back of the member's insurance card.

TMJ  
Fertility  
Bariatric Surgery  
Chiropractic  
Sterilization