

HealthLink Standard Medical Necessity Review Checklist

Effective July 1, 2011



HealthLink Utilization Management

Toll-free: 877-284-0102 • Fax Number: 800-510-2162 • Hours: 8:00 a.m. to 5:00 p.m. CST • Recorded messages after 5:00 p.m. CST

Services Requiring Pre-Certification

(Services marked in red – effective 07/01/11)

Inpatient Services (Medical, Surgical, Behavioral)

- | | |
|------------------------|---------------------------------------|
| • Bariatric surgery | • Lumbar Spine Surgery |
| • Elective Admissions | • Rehabilitation Facility Admissions |
| • Emergency Admissions | • Skilled Nursing Facility Admissions |
| • Hospice | • Transplants |
| • LTAC Admissions | |

Surgical Procedures - Ambulatory

- | | |
|-----------------------------|--|
| • Bariatric Surgery | • Rhinoplasty |
| • Cartilage Transplant Knee | • Sinus Endoscopy |
| • Lumbar Spine Surgery | • Sleep Apnea Surgery - AUP/UPPP, Nasal, and Uvulopalatoplasty |
| • Nasal Septoplasty | |

Ancillary Services

- | | |
|--------------------------|------------------------|
| • Home Infusion Services | • Occupational Therapy |
| • Home Health Services | • Physical Therapy |
| • Home Hospice | • Speech Therapy |

Durable Medical Equipment

- | | |
|--|-----------------------------|
| • Bone Stimulator | • Limb Prosthetics |
| • Cardio/External Defibrillator | • Myoelectric prosthetics |
| • Cochlear Implant | • Neuromuscular Stimulators |
| • Cooling Devices (i.e. Polar Care) | • TENS Unit |
| • CPAP/BIPAP | • Wheelchairs (Custom) |
| • Electric Scooters | • Wheelchairs (Power) |
| • Functional Electrical Stimulator Bikes | • Wound Vacs |

Diagnostic Imaging - Ambulatory

- | | |
|-------------------------------|---|
| • MRA of the Head and/or Neck | • MRI of Spine – Cervical, Thoracic, Lumbar, Sacral |
| • MRI of the Brain | • PET Scans |

Specialty Infusion Drugs*

- | | |
|-----------------------------------|--|
| • Alemtuzumab (Campath) | • Paclitaxel (Taxol and Abraxane) |
| • Azadidine (Vidaza) | • Panitumubab (Vectibix) |
| • Bevacizumab (Avastin) | • Pemetrexed (Alimta) |
| • Bortezomib (Velcade) | • Rituximab (RituXan) |
| • Fulvestrant (Faslodex) | • Trastuzumab (Herceptin) |
| • Mitaxantrone (Novatrone) | • Zoledronic Acid (Zometa) |
| • Oxaliplatin (Eloxatin) | |

* Covered under the medical plan.

HealthLink's Utilization Management program is designed to provide clinical review of medical care to convey information and recommendations to plan administrators and carriers in connection with their determination of benefit eligibility. Medical necessity certification does not guarantee that services are covered. Benefits are subject to the patient's eligibility at the time charges are actually incurred, and to all other terms, conditions and exclusions of the applicable health plan.

Provider tools are available to help facilitate the Pre-Certification review process. These tools include: Fax Forms, Interactive Voice Response (IVR) and online tools to determine the UM vendor. For more information visit www.healthlink.com. From the Provider home page, click on the Utilization Management link.