

November 30, 2015

Dear Provider,

Baptist Health Plan's (BHP) list of medical services requiring prior authorization (PA) has been updated and is effective **January 1, 2016**. A copy of the PA list is enclosed for your reference. Please review carefully for changes/updates. The PA list is also available on BHP's website, www.baptisthealthplan.com.

PA is the process of requesting an authorization from BHP for any service listed on the PA list **before** the service is rendered to determine medical necessity and/or benefit coverage. **Only those services listed on the PA list require PA.**

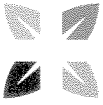
BHP maintains this list of medical services and specialty medications and is reviewed and updated as necessary. This list is mailed to every BHP practitioner/facility and BHP subscriber at least 30 days prior to the effective date.

- All PAs are based on medical necessity and benefit limits and are not a guarantee of payment, payment level or member eligibility.
- BHP Providers are contractually obligated to abide by Plan Rules which includes PA of certain medical services as determined by the Plan.
- Failure to request or obtain PA for services listed on the PA list may result in additional member payments, reduced Plan payments or claim denial.
- Services not requiring PA may have post service claim edits that will be reviewed for medical necessity and/or benefit coverage.
- Self-insured, employer sponsored programs for which BFH provides administrative services may customize their plans with different PA requirements.
- It is recommended to verify benefits and authorization requirements prior to providing services.

RA# 11/15.797

BaptistHealthPlan.com

REC'D DEC 16 2015



BAPTIST HEALTH PLAN

PHONE: 859.269.4475

TOLL FREE: 800.787.2680

FAX: 859.335.3700

651 Perimeter Drive, Suite 300 Lexington, KY 40517

PA of medical services can be obtained by contacting Baptist Health Community Care at (877)449.2884 or (859)335.3737. **PA of the listed medications** can be obtained by contacting BHP's Pharmacy Department at (877)205.6308 or (859)335.3755. Questions regarding the PA list can be answered by contacting BHP's Customer Service Department or your Provider Services representative at (859)269.4475 or (800) 787.2680. You may also view individual member/patient authorization information in the Baptist Health Plan Secure Portal which can be found at www.BaptistHealthPlan.com.

Respectfully,

Lisa Galloway MD, FACOEM, MRO
Medical Director
Baptist Health Plan

Enclosure

RA# 11/15.797

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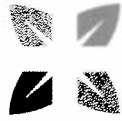


BAPTIST HEALTH PLAN

Prior Authorization (PA) List for:	Fully Insured Plans
Effective and Current as of:	January 1, 2016
Phone:	877.449.2884 or 859.335.3737

It is recommended to verify benefits and authorization requirements prior to services being received.

Category	Services	Comments
Inpatient Admissions	Acute Care Hospital – Elective/Urgent/Emergent - Medical/Surgical	Baptist Health Plan (BHP) is to be notified within 24 hours of an urgent/emergent/unscheduled admission or next business day
	Long Term Acute Care (LTAC)	
	Rehabilitation Facility	
	Skilled Nursing Facility	
	OB (Obstetrical) Related Medical Stays	
	Newborn Stays Beyond Discharge of Mother	
	NICU Admissions	
	Scheduled C-Section or Induction of Labor	
	Mental Health/Substance Abuse	PA for facility based care is through Optum Health Behavioral Solutions 877-369-2201
Outpatient Surgery/ Procedures	Articular surface repair using Autologous Chondrocyte Implantation (ACI) or Osteochondral Autograft Transplant	
	Automatic Implantable Cardioverter-Defibrillator (AICD)	
	Back/Spinal Surgery	
	Balloon Sinuplasty	
	Blepharoplasty	
	Capsule Endoscopy	
	Genetic Testing/Molecular Diagnostics	Not required for routine prenatal screening, or routine newborn screenings, or HLA testing for transplant
	Joint Replacement	
	Orthognathic Surgery	Inclusive of bone grafts, osteotomies and surgical management of TMJ syndrome
	Radiofrequency Ablation, Cardiac	
Reduction Mammoplasty		
Spinal Cord Stimulator Insertion/Revision		
Varicose Vein Surgical Treatment & Sclerotherapy		
Ventricular Assist Devices		



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Category	Services	Comments
Other	Ambulance Transfers	Non emergent air and ground; subject to retrospective review for medical necessity
	Experimental/Investigational Services/Procedures	
	Home Health/Home Infusion	PA through Care Continuum at 877-700-3482
	Hyperbaric Oxygen Therapy	
	In-Network Level of Benefits for Nonparticipating Providers for Non-Emergent Services	
	Mental Health/Substance Abuse	PA through Optum Health Behavioral Solutions at 877-369-2201
	Orthotics	Purchases \$500 or greater
	Power Morcellation for Uterine Fibroids	
	Prosthetics	Purchases \$2000 or greater
	Real-Time Remote Heart Monitors	
	Transplants – bone marrow and solid organ	Evaluation/Treatment/Procedure/Follow-Up Care
	Brachytherapy	
	CT Scan	PA is NOT required for CT guided biopsy
	CTA	
Radiology/ Radiation Procedures	Intensity-Modulated Radiotherapy (IMRT)	
	MRI	
	MRA	
	Nuclear Stress Test	
	PET Scan	
	Stereotactic Radiosurgery (SRS) & Stereotactic Body Radiotherapy (SBRT)	
	3-D Conformal Radiation Therapy	

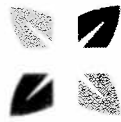


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Therapy Services	Occupational Therapy	PA after 12th visit if additional OT/PT/ST therapy services requested
	Physical Therapy	
	Speech Therapy	
	Chiropractic Services	PA through Optum Health at 800-873-4575
Durable Medical Equipment	Purchases \$500 or Greater and ALL DME Rentals	Including but not limited to: Bone Growth Stimulator; Communications Devices; CPAP; BiPAP; Wheelchairs; Pneumatic Pressure Devices; Continuous Insulin Infusion Pump; Electric Hospital Beds; Wound Vacuums
Notification	Dialysis	
	Obstetric Care (Outpatient)	Baptist Health Community Care Maternity Program 844-224-7844



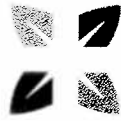
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Prior Authorization (PA) is required for the following drugs when delivered in all outpatient settings (i.e. physician office, clinic, outpatient hospital, or home setting). **Must bill J-code on appropriate claim form.** Home Health/Home Infusion is provided through the home health provider. Unless listed below, all self-administered pharmacy products are covered under the Prescription Drug Benefit ONLY. Please contact BHP's Pharmacy Services Department at 877-205-6308 to request PA.

Drug Name		J-code	Quantity Limit (if applicable)
Brand	Generic		
Abilify Maintena	aripiprazole, extended release	J0401	
Abraxane	nanoparticle albumin-bound paclitaxel	J9264	
Actemra IV	tocilizumab	J3262	800mg x 30 days
Actemra Sub-Q	tocilizumab	J3590; J3490; J9999	Four 162mg syringes x 28 days
Adcetris	brentuximab vedotin	J9042	
Akynzeo*	netupitant/palonosetron	Q9978	
Alimta	pemetrexed	J9305	
Aloxi	palonosetron	J2469	5mL x 30 days
Antihemophilic Factor Agents		J7180; J7181; J7182; J7185; J7186; J7187; J7189; J7190; J7191; J7192; J7198; J7199	
Aranesp	darbepoetin alfa	J0881; J0882	4 vials/syringes x 30 days
Arcalyst	rilonacept	J2793	4 vials x 30 days
Arranon	nelarabine	J9261	
Arzerra	ofatumumab	J9302	
Avastin	bevacizumab	J9035	
Beleodaq*	belinostat	J9999	
Benlysta	belimumab	J0490	
Berinert	C1 inhibitor, human	J0597	
Blinicyto*	blinatumomab	J7799	
Botox	botulinum toxin	J0585	
Buprenex	buprenorphine	J0592	
Ceprotrin	protein-C concentrate	J2724	

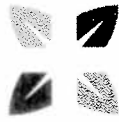


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Brand	Generic		
Cerezyme	<i>imiglucerase</i>	J1786	
Cimzia	<i>certolizumab pegol</i>	J0717	2 x 30 days
Cinryze	<i>C1 inhibitor, human</i>	J0598	
Cyramza	<i>ramucirumab</i>	J9999; J3490; J3590	
Dacogen	<i>decitabine</i>	J0894	
Dysport	<i>botulinum toxin</i>	J0586	
ElELYso	<i>taliflucerase</i>	J3060	
Eligard IM	<i>leuprolide acetate</i>	J9217	7.5mg = 1 kit x 30 days; 22.5mg = 1 kit x 90 days; 30mg = 1 kit x 120 days; 45mg = 1 kit x 180 days
Ellence	<i>epirubicin</i>	J9178	
Emend PO & IV	<i>fosaprepitant</i>	J1453; J8501	40mg, 115mg, 125mg & 150mg = 2 x 30 days; 80mg = 4 x 30 days; Therapy Pack = 6 x 30 days
Entyvio*	<i>vedolizumab</i>	J3490; J3590	Initial = 4 x 4 months Maintenance = 7 x Calendar Year
Epogen	<i>epoetin alfa</i>	J0885; J0886	12 x 30 days
Erbix	<i>cetuximab</i>	J9055	
Euflexxa	<i>sodium hyaluronate</i>	J7323	
Eylea	<i>aflibercept</i>	J0178	
Factor IX Concentrates		J7193; J7194; J7195; J7200; J7201	
Flolan	<i>epoprostenol sodium</i>	J1325	
Gazyva	<i>obinutuzumab</i>	J9301	
Gel-One	<i>sodium hyaluronate</i>	J7326	
Granix	<i>tbo-filgrastim</i>	J1446	
H.P. Acthar Gel	<i>corticotropin, ACTH</i>	J0800	
Halaven	<i>eribulin mesylate</i>	J9179	
Herceptin	<i>trastuzumab</i>	J9355	
Hyalgan	<i>sodium hyaluronate</i>	J7321	

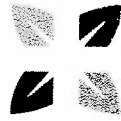


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Drug Name		Jcode	Quantity Limit (if applicable)
Brand	Generic		
Ilaris	<i>canakinumab</i>	J0638	
Immune globulin	<i>IVIg</i>	J1459; J1460; 90281; J1556; J1557; J1559; J1560; J1561; J1562; J1566; J1568; J1569; J1572; J1559; J1599; 90284, 90283;	
Intron-A IV	<i>interferon alfa</i>	J9214	12 vials x 30 days
Invega Sustenna	<i>aliperidone</i>	J2426	
Ixempra	<i>ixabepilone</i>	J9207	
Jetrea	<i>ocriplasmin</i>	J7316	
Jevtana	<i>cabazitaxel</i>	J9043	
Kadcyla	<i>ado-trastuzumab emtansine</i>	J9354	
Keytruda*	<i>pembrolizumab</i>	J3490; J3590; J9999	
Krystexxa	<i>pegloticase</i>	J2507	
Kyprolis	<i>carfilzomib</i>	J9047	
Lemtrada	<i>alemtuzumab</i>	J3490; J3590	
Leukine	<i>sargramostim</i>	J2820	
Lucentis	<i>ranibizumab</i>	J2778	
Lupron Depot	<i>leuprolide acetate</i>	J9217; J9218; J1950	3.75mg, 7.5mg, & Pediatric Formulations = 1 kit x 30 days; 11.25 & 22.5mg = 1 kit x 90 days; 30mg = 1 kit x 120 days; 45mg = 1 kit x 180 days
Macugen	<i>pegaptanib sodium</i>	J2503	
Makena	<i>hydroxyprogesterone</i>	J1725	
Mircera	<i>methoxy polyethylene glycol-epoetin</i>	J0887; J0888	
Monovisc	<i>sodium hyaluronate</i>	J7327	
Mozobil	<i>plerixafor</i>	J2562	
Myobloc	<i>botulinum toxin</i>	J0587	



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Drug Name		Jcode	Quantity Limit (if applicable)
Brand	Generic		
Neulasta	<i>pegfilgrastim</i>	J2505	
Neupogen	<i>filgrastim</i>	J1440; J1441; J1442	14 syringes x 30 days
Nplate	<i>romiplostim</i>	J2796	
Omontys	<i>peginesatide</i>	J0890	
Opdivo*	<i>Nivolumab</i>	J3490; J3590; J9999	
Orencia	<i>abatacept</i>	J0129	4 vials x 30 days
Orthovisc	<i>sodium hyaluronate</i>	J7324	
Pegasys	<i>peginterferon alfa-2a</i>	J3490	4 vials/syringes x 30 days
PegIntron	<i>peginterferon alfa-2b</i>	J3490	4 vials/pens x 30 days
Perjeta	<i>pertuzumab</i>	J9306	
Prialt	<i>ziconotide</i>	J2278	
Procrit	<i>epoetin alfa</i>	J0885; J0886	12 vials x 30 days
Prolia	<i>denosumab</i>	J0897	
Provenge	<i>sipuleucel-T</i>	Q2043	1 treatment cycle per lifetime
Reclast	<i>zoledronic acid</i>	J3489	
Remicade	<i>infliximab</i>	J1745	1 dose every 6-8 weeks
Remodulin	<i>treprostinil</i>	J3285	
Risperdal Consta	<i>risperidone</i>	J2794	
Rituxan	<i>rituximab</i>	J9310	300mL x 30 days
Ruconest*	<i>c1 esterase inhibitor</i>	C9445	
Sandostatin IV/LAR	<i>octreotide</i>	J2353; J2354	
Simponi ARIA	<i>golimumab</i>	J1602	5 vials every 8 weeks
Soliris	<i>eculizumab</i>	J1300	
Stelara	<i>ustekinumab</i>	J3357	1 vial x 12 weeks
Supartz	<i>sodium hyaluronate</i>	J7321	
Supprelin LA	<i>histrelin acetate</i>	J9226	
Sylatron	<i>peginterferon alfa-2b</i>	J3490; J3590	4 vials x 30 days
Sylvant*	<i>siltuximab</i>	J3590	
Synagis	<i>palivizumab</i>	90378	2 vials x 30 days
Synvisc/Synvisc-One	<i>sodium hyaluronate</i>	J7325	



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Brand	Generic		
Testosterone cypionate and enanthate injections and Testopel Pellet	<i>testosterone</i>	J3121; S0189; J1071	Testopel: 6 pellets every 3 months*
Tysabri	<i>natalizumab</i>	J2323	1 vial x 30 days
Unituxin*	<i>dinutuximab</i>	J3490; J3590; J9999	
Vantas	<i>histrelin acetate</i>	J9226	
Vectibix	<i>panitumumab</i>	J9303	
Veletri	<i>epoprostenol sodium</i>	J1325	
Vidaza	<i>azacitadine</i>	J9025	
Vimizim*	<i>elosulfase alfa</i>	J1322	
Visudyne	<i>verteporfin</i>	J3396	
Vivitrol	<i>naltrexone</i>	J2315	
Vpriv	<i>velaglucerase</i>	J3385	
Xeomin	<i>incobotulinumtoxinA</i>	J0588	
Xgeva	<i>denosumab</i>	J0897	
Xiaflex	<i>collagenase clostridium histolyticum</i>	J0775	
Xolair	<i>omalizumab</i>	J2357	
Yervoy	<i>ipilimumab</i>	J9228	
Zaltrap	<i>ziv-aflibercept</i>	J9400	
Zarxio*	<i>filgrastim</i>	J1440; J1441; J1442	14 syringes x 30 days
Zoladex	<i>goserelin</i>	J9202	3.6mg = 1 kit x 30 days; 10.8mg = 1 kit x 90 days
Zometa	<i>zoledronic acid</i>	J3489	
Zyprexa Relprevv	<i>olanzapine</i>	J2358	