



IMPORTANT PRIOR AUTHORIZATION UPDATE

Subject: Updates to Benefit Authorization Requirements for Health Choice Generations

June 29, 2015

Dear Healthcare Provider:

The purpose of this letter is to notify you of prior authorization requirement changes effective **July 29, 2015**. Please refer to the chart below for a summary of authorization requirement changes. We invite you to visit our website (www.HCGenerations.com) to retrieve the most updated version of our Prior Authorization Guidelines Document.

Benefit	Prior Authorization Requirements
Cardiac Services	ALL SERVICES
Chiropractic Services	ALL SERVICES
Durable Medical Equipment	ALL SERVICES
ENT (Otolaryngology)	ALL SERVICES
Injectables (in office)	Please Refer to the “Medication Description” section of the Prior Authorization Guidelines Document for additional information regarding J Codes.
Neuropsych testing	ALL SERVICES
Orthognathic procedures (including TMJ)	ALL SERVICES
Orthopedics	No Prior Authorization for initial consult. Prior Authorization is required for all other services.
Pain Management and procedures	ALL SERVICES
Percussion Vests	ALL SERVICES
Rheumatology	ALL SERVICES
Rhinoplasty	ALL SERVICES
Septoplasty	ALL SERVICES
Sleep Studies	ALL SERVICES
Spinal Surgery	ALL SERVICES
Ventricular Assist Devices	ALL SERVICES

As always, thank you for your continued partnership and commitment to quality service. If you have any questions, please contact your Provider Service Representative.

Sincerely,
Health Choice Management

