

## Silverback Care Management • Care N’ Care Preauthorization Guidelines and Summary

*The following services REQUIRE preauthorization for **Inpatient** and **Outpatient**.*

INPATIENT SERVICES
Acute Rehabilitation Admissions
Behavioral Health
Elective Surgery and Medical Admissions
Emergency Admissions, Including Observation
LTAC Admissions
Skilled Nursing Facility (SNF) Admissions
Transplant

OUTPATIENT SERVICES
Bariatric Surgery and specific obesity related service (IP and OP)
<b><u>Behavioral Health:</u></b>
Outpatient Partial Program
Transcranial Magnetic Stimulation (TMS)
Electroconvulsive Therapy (ECT)
<b>NOTE: Outpatient Behavioral Health Professional Services NO LONGER REQUIRE PRIOR-AUTHORIZATION</b>
Bone Growth Stimulator
Breast Reconstruction
<b><u>Cardiology Services:</u></b>
Cardiac Resynchronization Therapy (CRT)
Defibrillator (AICD) Implant
Diagnostic Catherization
Echo
Stress Echo
<b>Stress - Nuclear Medicine</b>
<b>Stress - Adenosine/Dobutamie</b>
<b>MUGA</b>
Electrophysiology Implant
Chemotherapy Injectable Drugs
Cochlear & Auditory Implants
Cosmetic & Reconstructive
DME – please refer to code specific list for requirements

<b>OUTPATIENT SERVICES</b>
<b><u>Gastroenterology Services:</u></b>
Esophago-gastroduodenoscopy
Colonoscopy
Capsule endoscopy
ERCP
Home Health
Hyperbaric Treatment (HBO)
Hysterectomy
Infusions and Injections
<b>MOHS</b>
Non-Emergent Air or Ground Transportation
Observation
Orthognathic Surgery
Orthotics
Orthopedic Surgery
Partial Hospitalizations
Potentially Unproven Services, including Experimental / Investigational Services
Prosthetics
Proton Beam Therapy
<b><u>Psychiatric Services:</u></b>
Electro-Convulsive Therapy (ECT)
Vagus Nerve Stimulation (external or implanted)
<b><u>Radiology Services:</u></b>
Ultrasound
Other studies may require prior-authorization
CT
CT Angiography
MRI
MRA
Spect Scans
PET Scan
Nuclear Medicine
Nuclear Cardiology Studies
Therapeutic Radiation (e.g. IMRT, SRS, SBRT)
Rhinoplasty
Sleep Apnea Procedures & Surgeries
Sleep Study - Facility Based
Spinal Stimulator for Pain Management
Vagus Nerve Stimulation

<b>OUTPATIENT SERVICES</b>
Vein Procedures
Transplant Work-Up
Wound Care

<b>Specialty Drugs</b>
For a list of medications that require preauthorization when delivered in the physician office, clinic, outpatient or home setting, please refer the Specialty Drug Preauth List.