

PRIOR AUTHORIZATION REQUIREMENTS

Submission of a referral form (Medical Certification Form) and clinical information (i.e. medical history, progress notes, imaging reports, operative reports, etc.) is needed for the following:

Durable Medical Equipment

- Scooters
- Wheelchairs and accessories (All types & Bariatric)
- Beds and accessories (All types & Bariatric)
- Lifter
- Orthotics
- Prosthetics
- CPAP, BPAP
- Oxygen
- Continuous Passive Motion (CPM)
- Diabetes supplies
- Power nebulizers
- Infusion Pumps (All types)
- Mechanical Ventilator (Home)
- Negative Pressure Wound
- Bone Grow Stimulator
- Wearable Cardioverter Defibrillator
- All other devices

Implants and Devices

- Medical Surgical Trays
- Cardiac and Orthopedic Implants
- Neurostimulator implants
- Stents (drug eluting and non-drug eluting)
- All medical implants and devices

Specialized Services

- Home Care Services
- Hospice
- Home Infusion Services
- Skilled Nursing Facility and Extended Care Facility
- Comprehensive Outpatient and Inpatient Rehabilitation Facility & Services (CORF)

Specialized Therapies

- Pain Management Therapy
- Medical Nutrition Services
- Wound Care Therapy
- Hyperbaric Oxygen therapy (HBO)
- Pulmonary Rehabilitation
- Cardiac Rehabilitation
- SRS – Stereotactic Radiosurgery
- SBRT – Stereotactic Body Radiation Therapy
- IMRT – Intensity Modulated Radiation Therapy
- Rehabilitative Speech Therapy

Treatment for Catastrophic Diseases

- Part B Drugs (J Codes)
- Chemotherapy (Oral or Infusion)
- Radiotherapy
- Oncotype Dx Test

Surgeries

- Bariatric surgeries
- Minimally Invasive Robotic Surgery (e.g. Da Vinci)
- Reconstructive and other potential cosmetic surgeries: Rhinoplasty, Abdominoplasty, Septoplasty, Blepharoplasty, Augmentation or Reduction of Breast, Face lift, if applicable.
- Orthopedic Surgery (Spine, Arthroscopy, knee, hip, shoulder, other)
- Ophthalmic Surgery
- General Surgery
- Cardiovascular Surgery
- Implants & Prosthesis
- All Other elective surgeries

Urology

- Lithotripsy procedures (elective and emergency)

Cardiovascular Procedures and studies

- Echocardiogram
- TEE
- Holter
- Angioplasty
- Stress tests
- ECHO
- DUPLEX
- 24 hour Blood Pressure monitoring
- Catheterization

Neurology and Physiological Studies

- EEG
- EMG
- NES
- Polysomnography (Sleep Studies)

Nuclear Medicine Studies

- PET CT Scans / PET Scans
- SPECT (Brain Myocardial Perfusion)
- SPECT + Pharmacology Agents)
- MUGA Scan
- Bone Scan
- HIDAS Scan
- Thyroid Scan
- Gallium Scan w B

Radiology studies

- MRI w / Without contrast
- MRA w/ without contrast
- CT Scans w / without contrast
- Cardiac CTA Scan w/without contrast
- CT Colonography (Virtual Colonoscopy)
- ERCP/MRCP

Gastroenterology Studies

- Endoscopy Studies

Acute Hospital Elective Admissions

- Acute Care Admission
- Elective surgical admissions
- Organ Transplants (All Types)

Ambulatory Care Psychiatric Services

- All ambulatory care Psychiatric Services

Labs and Pathology

- Labs and Pathology Studies to be sent to the United States for evaluation.

IMPORTANT INFORMATION

Expedited (Urgent) Pre-Service Referral: The organization makes decisions within **24-72 hours** from receipt of request for Pre-Authorization.

Standard (Routine) Pre-Service Referral (elective): 24 hours up to 14 calendar days.

The Physician must provide medical justification including medical history, laboratory results, and previous studies as deemed necessary by PALIC-PR.

Studies, medications and procedures approved by the FDA and the AMA are subject to pre-authorization.

PALIC-PR reserves its right to pre-authorize any other therapies, studies and procedures as per the established medical guidelines.

Emergency Services: NO AUTHORIZATION REQUIRED

To contact the PALIC PR Provider Services Department please call: **787-999-7979** or 787-620-1414

Referral Department: Fax Lines: **787-999-1251** or **787-999-8840**

***This list can be subject to changes by PALIC-PR at any time.**