

Yes = PRIOR AUTHORIZATION REQUIRED No = NO PRIOR AUTHORIZATION REQUIRED

**** Out of network providers require service pre-auth ALWAYS****

DISCLAIMER: A PRIOR AUTHORIZATION DOES NOT GUARANTEE THAT BENEFITS WILL BE PAID

Effective 01/01/2020 00:00:01

Category	Services	LA HIX
Admissions	Inpatient Hospital Admissions	Yes
Admissions	Observation Stay (2 days only)	No
Admissions	Rehabilitation, Inpatient	Yes
Admissions	Skilled Nursing Facility	Yes
Audiology	Audiological/Audiometric Testing	No
Audiology	Hearing Exam/Hearing Aid Evaluation	No
Behavioral	Behavioral/emotional assessment, brief (ADHD/depression,etc)	No
Behavioral	Child Developmental/Behavioral Evaluations & Testing (Non-routine)	Yes
Behavioral	Cognitive Function Testing	Yes
Behavioral	Counseling (In Network Mental Health)	No
Behavioral	Drug Abuse	No
Behavioral	Hypnosis	NOT COVERED
Behavioral	Neuropsychological Testing	No
Behavioral	Psychiatric Care (In Network)	No
Behavioral	Psychological Testing	No
Behavioral	Psychotherapy	No
Behavioral	Residential Treatment Center	No
Behavioral	Smoking Cessation Counseling	No
Breast	Ablation, Cryosurgical, of Fibroadenoma	NOT COVERED
Breast	Augmentation Mammoplasty	Yes
Breast	Breast Biopsy, Excisional	No
Breast	Breast Biopsy, Local/Needle	No
Breast	Breast Implant Removal	No
Breast	Mammogram (Routine, Diagnostic, Screening, Spot Compression)	No
Breast	Mammoplasty, Reduction	Yes
Breast	Post Mastectomy Prosthesis	No
Breast	Post Mastectomy Reconstructive Breast Surgery	Yes
Cardiology	Adenosine/Cardiolite Stress Test	No
Cardiology	Angiogram	Yes
Cardiology	AV Graft/Fistula for Hemodialysis	No
Cardiology	Cardiac Catheterization, Stent, Angioplasty	No
Cardiology	Cardiac Monitor, Insertable (Reveal)	Yes
Cardiology	Cardiac Rehabilitation (max 36 sessions)	No
Cardiology	CardioChek	NOT COVERED

Cardiology	Cardioversion	No
Cardiology	Defibrillator, External (Zoll Life Vest, 3 months max)	Yes
Cardiology	Event Monitor (Holter Monitor)	No
Cardiology	Pacemaker Telephonic Checks (monthly)	No
Cardiology	Pacemaker Monitoring (CPT 93279-93298)	No
Cardiology	TAVR	Yes
Cardiology	Ventricular Assist Device	Yes
Chemotherapy	Chemo FX Assay	NOT COVERED
Chemotherapy	Chemotherapy (excludes research protocols)	Yes
Chemotherapy	Clinical Trials (See NCI)	Yes
Chemotherapy	NCI Clinical Trials	Yes
Custodial Care	Custodial Care (nursing home is member's home)	NOT COVERED
Custodial Care	Long Term Care (Custodial Care)(Nursing Home is member home)	NOT COVERED
Dermatology	Abrasion Treatment, Dermabrasion, Salabrasion	Yes
Dermatology	Chemical Exfoliation for Acne	NOT COVERED
Dermatology	Electrolysis	NOT COVERED
Dermatology	Hair Transplant	NOT COVERED
Dermatology	Laser Treatment for Psoriasis	No
Dermatology	Light/Ultraviolet Therapy	No
Dermatology	Mohs Surgery	No
Dermatology	Psoralen & Ultraviolet Light Therapy (PUVA)	No
Dermatology	Scar Revision	Yes
Diagnostic Testing	Polysomnography (Sleep Study)	Yes
Diagnostic Testing	Stress Test- Treadmill test	No
Diagnostic Testing	Thoracoscopy, Diagnostic	No
Diagnostic Testing	Endoscopy	No
Diagnostic Testing	Bio Wellness Scan (CPT 95921, 95922)	No
DME	Ambulatory Blood Pressure Monitoring	NOT COVERED
DME	Bath/Shower Chair	NOT COVERED
DME	Bed Board	NOT COVERED
DME	Bone Growth Stimulator	Yes
DME	Braces (Orthopedic)	No if less than \$500
DME	Bra-Post Mastectomy	No
DME	Breast Prosthesis	No
DME	Breast Pump (Manual, Electric)	No
DME	Cane	No
DME	Cast, Application and Removal	No
DME	Cochlear Implant	Yes
DME	Colostomy Supplies	No

DME	Commode, Bedside specific to 3-n-1	No
DME	Continuous Glucose Monitoring System (CGMS)	No
DME	CPAP Machine	No
DME	CPAP Supplies (auto auth, 2 per max)	No
DME	CPM Machine	No
DME	Crutches (1 per year max)	No
DME	Diabetic Shoes/Custom Orthotics	No
DME	Diabetic Supplies	No
DME	Diapers	NOT COVERED
DME	Durable Medical Equipment, Convenience/Hygienic/Environmental Control Items	NOT COVERED
DME	Durable Medical Equipment-If not otherwise listed and by contracted price	Yes over \$500
DME	Electric Wheelchair	Yes
DME	Elevator	NOT COVERED
DME	Enteral Nutrition/Enteral Feedings	Yes
DME	ERMI Extensionater/Flexionater	NOT COVERED
DME	Foot Board	No
DME	Glucometer/Test Strips	No
DME	Grab Bar	NOT COVERED
DME	Hearing Aid	Yes
DME	Hospital Bed	Yes
DME	Humidifier	No
DME	Hydrotherapy (Pool Therapy)	Yes
DME	Incontinence Pads	NOT COVERED
DME	Insulin Pumps	Yes
DME	Nebulizer	No
DME	Ostomy Supplies	No
DME	Oxygen Equipment, Portable and Stationary	Yes
DME	Patient Lifts	Yes
DME	Ramps	NOT COVERED
DME	TENS Unit-Vendor needed	No
DME	Toilet Seat, Raised	NOT COVERED
DME	Traction Equipment	No
DME	Travel /Transport Chair	No
DME	Walker, Rolling	No
DME	Wheelchair Cushion	No
DME	Wheelchair, Standard	No
DME	Whirlpool (Portable & Built In)	NOT COVERED
DME	Wig (oncology related, max 1 per year)	No
ENT	Allergy Injections	No

ENT	Allergy Testing	No
ENT	Laryngoscopy	No
Eye	Blepharoplasty	Yes
Eye	Cataract Extraction	No
Eye	Eye Examinations-Annual or Routine	No
Eye	Eye Injections	No
Eye	Lasik Surgery	NOT COVERED
Eye	Punctum Plug	No
Eye	Retinal Detachment	No
Eye	Shunts, Glacoma	No
Eye	Vitreectomy	No
Eye	YAG Laser Surgery	No
Family Planning	Artificial Insemination	NOT COVERED
Family Planning	Family Planning	No
Family Planning	Infertility & Impotence Services	NOT COVERED
Family Planning	In-Vitro Fertilization	NOT COVERED
Family Planning	Surgical Sterilization (female)	No
Family Planning	Vasectomy	NOT COVERED
Female Reproduction	Colposcopy	No
Female Reproduction	Hysterectomy	No
Female Reproduction	Hysteroscopy	No
Female Reproduction	Induction of Labor	No
Female Reproduction	Maternity Services, Pre and Post Natal	No
Female Reproduction	Uterine Artery Embolization (UAE)	Yes
Gastroenterology	Anoscopy	No
Gastroenterology	Bariatric Surgery (Vertical Banding, Lap Band, Gastric Sleeve, bypass etc.)	NOT COVERED
Gastroenterology	Barium Swallow, Modified	No
Gastroenterology	Colonoscopy	No
Gastroenterology	Endoscopy, Gastrointestinal (EGD)	No
Gastroenterology	Esophageal Motility (Oral Capsule Camera)	Yes
Genetic	BRCA 1 & 2	Yes
Genetic	Genetic Counseling/Testing	Yes
Genetic	HNPCC Genetic Screening	NOT COVERED
Genetic	Oncotype DX	Yes
Home Health	Hospice Care	Yes
Home Health	Private Duty Nurse	Yes
Home Health	Respite Care	Yes
Imaging	Bone Density, DEXA	No
Imaging	Bronchoscopy	No

Imaging	BSGI (Breast-Specific Gamma Imaging)	NOT COVERED
Imaging	Cisternogram	No
Imaging	CT Scans/CT Myelograms/CT Angiogram	No
Imaging	Discogram	No
Imaging	Doppler/Duplex Scan	No
Imaging	Echocardiogram (doppler, transthoracic or transophageal)	No
Imaging	Electrocardiogram (EKG)	No
Imaging	Electroencephalogram (EEG)	No
Imaging	Electromyogram (EMG)	No
Imaging	ERCP	No
Imaging	Gastric Emptying Study	No
Imaging	HIDA-Hepatobiliary ductal system imaging	No
Imaging	MBI (Molecular Breast Imaging)	Yes
Imaging	MRA	No
Imaging	MRCP	No
Imaging	MRI, Open MRI Only	Yes
Imaging	MUGA (Multiple Gated Acquisition)	No
Imaging	Myocardial Perfusion Imaging (SPECT)	No
Imaging	Nuclear Medicine Studies only including: Nuclear Stress Test, and Thyroid Scans- See List by system: Endocrine System: 78012-78099; Hematopoietic & Lymphatic System: 78102-78199; Gastrointestinal System: 78201-78299; Musculoskeletal System: 78300-78399; Cardiovascular System: 78414-78499; Respiratory System: 78579-78599; Nervous System: 78600-78699; Genitourinary System: 78700-78799; Other: 78800-78999; Therapeutic: 79005-79999	No
Imaging	PAD/PDD	No
Imaging	PET Scan	Yes
Imaging	Radiology, Office Setting, X-Ray	No
Imaging	Scintimammography	NOT COVERED
Imaging	Ultrasound	No
Imaging	Whole Body Bone Scan	No
Laboratory and Pathology	Biopsy/Local Anesthesia/Office Setting	No
Laboratory and Pathology	Blood Transfusion	No
Laboratory and Pathology	Bone Marrow Aspiration/Biopsy	No
Laboratory and Pathology	Laboratory Studies	No
Laboratory and Pathology	Phlebotomy	No
Medication	Botulinum Toxin A Injection (Botox)	Yes
Medication	Drug, 17P	No
Medication	Drugs, High Cost /Infusion Medication	Yes
Medication	Immunizations & Vaccinations for Travel	No

Medication	Immunizations & Vaccinations, Routine	No
Medication	VANTAS (Histrelin Implant)	Yes
Neurology	Kyphoplasty/Vertebroplasty	Yes
Neurology	Lumbar Puncture	No
Neurology	Total Disc Arthroplasty, Artificial Disc	No
Office	Diabetic Education	No
Office	Home visit, Physician	No
Office	Nutritional Counseling (exception diabetic education)	No
Office	Office Visit, PCP	No
Office	Office Visit, Specialist	No
Office	Physicals, Annual Routine	No
Office	Physicals, Annual Sports	NOT COVERED
Office	Telemedicine	Yes
Oral	Cranio-mandibular Joint (CMJ) (does not refer to TMJ)	Yes
Oral	Dental Implants	NOT COVERED
Oral	Dental Procedures & Supplies-N/A	Yes
Oral	Oral Surgery	Yes
Oral	Orthodontia	NOT COVERED
Oral	TMJ Treatment	NOT COVERED
Orthopedic	Arthroscopy	No
Orthopedic	Hip Replacement	Yes
Orthopedic	Knee Replacement	Yes
Orthopedic	Trigger Finger	No
Pain Management	Acupuncture (max 35 sessions per year)	NOT COVERED
Pain Management	Chiropractic Treatment	Yes
Pain Management	Drug Screening for Pain Management Patients	No
Pain Management	Epidural Steroid Injection (ESI)	No
Pain Management	Intra articular Injection	No
Pain Management	Nerve Block	No
Pain Management	Neuromuscular Stimulator (implanted)	Yes
Podiatry	Extracorporeal Shock Wave involving Plantar Fascia	NOT COVERED
Podiatry	Foot Care Routine(corns,calluses,nail trims,debridement)	NOT COVERED
Podiatry	Foot Care, Non-Routine (injury/trauma)	No
Podiatry	Podiatry Services	No
Pulmonology	Pulmonary Function/Stress Test	No
Pulmonology	Pulmonary Rehabilitation (max 36 sessions)	No
Pulmonology	Thoracentesis	No
Radiation	Brachytherapy	Yes
Radiation	Radiation Therapy	Yes

Renal	Dialysis (Hemodialysis or Peritoneal)	No
Skin	Lymphedema Pump/Therapy	Yes
Surgery	I & D Procedures	No
Surgery	Reconstructive (Plastic) Surgery Ex: Trauma, Oncology	Yes
Surgery	Surgeries not otherwise listed	Yes
Surgery	Transplants	Yes
Therapy	Diathermy Machine	NOT COVERED
Therapy	Biofeedback	No
Therapy	Chelation Therapy	Yes
Therapy	Cold Therapy Devices	NOT COVERED
Therapy	Exercise Equipment	NOT COVERED
Therapy	Exercise Programs	NOT COVERED
Therapy	Home Health Care (SNV, PT, OT, SP, HHA)	Yes
Therapy	Massage	NOT COVERED
Therapy	Occupational Therapy	Yes
Therapy	Occupational Therapy Evaluation	No
Therapy	Physical Therapy	Yes
Therapy	Physical Therapy Evaluation, Initial	No
Therapy	Speech Evaluation	No
Therapy	Speech Therapy	Yes
Therapy	VRT (Vestibular Rehab Therapy)	NOT COVERED
Travel	Ambulance, Air	Yes
Travel	Ambulance, Ground, Emergency	No
Travel	Ambulance, Ground, Non Emergency - Except transfers from facility to facility.	Yes
Urology	Bladder Aorta Scan	No
Urology	Bladder Stimulator	NOT COVERED
Urology	Circumcision	No
Urology	Cystometrogram (CMG)	No
Urology	Cystoscopy	No
Urology	Cystourethroscopy	No
Urology	Erectile Dysfunction Treatment (Max 3 per week)	No
Urology	Proctosigmoidoscopy	No
Urology	Transurethral Resection of Bladder Tumor (TURBT)	Yes
Urology	Urethral Pressure Profile (UPP)	No
Urology	Urodynamic Studies	No
Urology	Uroflowmetry (UFR)	No
Urology	Urostomy Supplies	No
Urology	Voiding Pressure Study (VP)	No
Vascular	Port-a-Cath Flush-Office Based	No

Vascular	Port-a-Cath Flush-Outpt Hospital	No
Vascular	Port-a-Cath Insertion	No
Vascular	Varicose Vein Treatment	Yes
Wound Care	Debridement-Wounds	No
Wound Care	Hyperbaric (HBO)	Yes
Wound Care	Negative Pressure Wound Therapy Pump (KCI)	Yes