

## HMO MEDICAL PRIOR AUTHORIZATION LIST

Below is a list of common procedures that require Prior Authorization. Your Participating Provider is aware of this list and will take care of obtaining Prior Authorization for you.

If you use a non-participating provider, you are responsible for obtaining any required Prior Authorization.

Please contact your physician to initiate the prior authorization using Unity's [Prior Authorization Request form](#) or the [Medication Prior Authorization Request form](#) for medication requests. To verify that Unity has approved the request for Prior Authorization before you receive the service, please login to MyChart at [UnityMyChart.com](#) to review your Authorizations or contact Unity Customer Service through Ask an Expert, or call 800-362-3310.

Abortions  
AODA Services  
BAHA (Bone Anchored Hearing Aid)  
Behavioral Health Services  
Biodex  
Blepharoplasty (eyes)  
Cochlear Implants  
Cosmetic Surgery/Treatments  
Durable Medical Equipment  
Elective Hospital Admissions  
Electrolysis  
Enhanced External Counter Pulsation (EECP)  
Experimental/Investigational procedures  
Genetic Testing  
Genioplasty (chin)  
Home Health Care  
Hospice  
Hyperbaric Treatments  
IDET Procedure  
Light Therapy (i.e. Levulan Photodynamic  
or Pulsed Dye Treatments or Actinotherapy (ultraviolet  
light therapy for acne only; does not require PA for  
actinic keratoses)  
Liposuction

Mole Mapping  
Multifetal Pregnancy Reduction  
Neuropsych testing (for Behavioral Health only)  
Osteotomy/Osteoplasty (mandibular)  
Out of Plan requests  
Panniculectomy (Lipectomy)  
Penile Implant  
Prolotherapy  
Reduction Mammoplasty  
Revision of Prosthetic Vaginal Graft  
Rhytidectomy  
Rhinoplasty/Septorhinoplasty  
Second Opinions to out of plan providers  
Sclerotherapy (radiofreq ablation, vein stripping, ligation)  
Skilled Nursing Home Care  
Treatment of Learning/Developmental Disabilities  
TMJ Surgical Treatment  
Transplants  
Uvulopalatopharyngoplasty/Somnoplasty/Uvulectomy  
LAUP-laser assisted  
uvulopalatopharyngoplasty/somnoplasty  
Warm Water Therapy  
X Stop Interspinous Implant

Pharmacy Prior Authorization is required for the clinic administered injectable medications listed below. Your practitioner must fax a [Medication Prior Authorization Request form](#) to Unity at 888-450-4711.

abatacept (Orencia)	hydroxyprogesterone caproate (Makena)	rimabotulinum toxin B (Myobloc)
abobotulinum toxin A (Dysport)	infliximab (Remicade)	rilonacept (Arcalyst)
alefacept (Amevive)	natalizumab (Tysabri)	rituximab (Rituxan) PA for Rheumatology indications only
alglucosidase alfa (Lumizyme, Myozyme)	omalizumab (Xolair)	romiplostim (Nplate)
canakinumab (Ilaris)	onabotulinum toxin A (Botox)	
chorionic gonadotropin, human (Novarel, Pregnyl)	palivizumab (Synagis)	
	pegfilgrastim (Neulasta)	

*Prior Authorization is the process by which Unity's Medical Management staff or Unity's Pharmacy Program staff provide a written statement that the requested service or supply is medically necessary and appropriate. Prior Authorization may list the specific service or supply that is authorized, the number of visits that are authorized, and the name of the provider or supplier. However, Prior Authorization does not guarantee that the service will be covered. Coverage is determined by the terms of your benefit plan. If you have questions regarding coverage, please call Unity at 800-362-3310.*

*Updates are made to the Prior Auth List on a regular basis, but this list may not be all inclusive.*