

MY CHOICE MEDICAL PRIOR AUTHORIZATION LIST

Below is a list of common procedures that require Prior Authorization. Your Participating Provider (Tier 1 Provider) is aware of this list and will take care of obtaining Prior Authorization for you.

If you use a non-participating provider (Tier 2 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 [Medication Prior Authorization 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	Liposuction
AODA Services	Mole Mapping
BAHA (Bone Anchored Hearing Aid)	Multifetal Pregnancy Reduction
Behavioral Health Services	Neuropsych testing (for Behavioral Health only)
Biodex	Osteotomy/Osteoplasty (mandibular)
Blepharoplasty (eyes)	Out of Plan requests
Cochlear Implants	Panniculectomy (Lipectomy)
Cosmetic Surgery/Treatments	Penile Implant
Durable Medical Equipment	Prolotherapy
*Elective Hospital Admissions	Reduction Mammoplasty
Electrolysis	Revision of Prosthetic Vaginal Graft
Enhanced External Counter	Rhytidectomy
Pulsation (EECP)	Rhinoplasty/Septorhinoplasty
Experimental/Investigational procedures	Second Opinions to out of plan providers
Genetic Testing	Sclerotherapy (radiofreq ablation, vein stripping, ligation)
Genioplasty (chin)	Skilled Nursing Home Care
Home Health Care	Treatment of Learning/Developmental Disabilities
Hospice	TMJ Surgical Treatment
Hyperbaric Treatments	Transplants
IDET Procedure	Uvulopalatopharyngoplasty/ Somnoplasty/Uvulectomy
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)	LAUP-laser assisted uvulopalatopharyngoplasty/somnoplasty
	Warm Water Therapy
	X Stop Interspinous Implant

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

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

Prior Authorization is the process by which Unity's Medical Management staff or Unity Pharmacy Program staffs 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.

**Hospital Admissions: If you fail to provide the required notice of a medically necessary inpatient admission to a non-participating hospital within 3 business days, your in-patient hospital benefits will be reduced by \$1,000. This amount will not apply toward your deductible or out-of-pocket limit.*

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