

**POS - 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.

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| Abortions | Mole Mapping |
| AODA Services | Multifetal Pregnancy Reduction |
| BAHA (Bone Anchored Hearing Aid) | Neuropsych testing (for Behavioral Health only) |
| Behavioral Health Services | Osteotomy/Osteoplasty (Mandibular) |
| Biodex | Panniculectomy (Lipectomy) |
| Blepharoplasty (eyes) | Penile Implant |
| Cochlear Implants | Prolotherapy |
| Cosmetic Surgery/Treatments | Reduction Mammoplasty |
| Durable Medical Equipment | Revision of Prosthetic Vaginal Graft |
| *Elective Hospital Admissions | Rhytidectomy |
| Electrolysis | Rhinoplasty/Septorhinoplasty |
| Enhanced External Counter Pulsation (EECP) | Sclerotherapy (radiofreq ablation, vein stripping, ligation) |
| Experimental/Investigational procedures | Skilled Nursing Home Care |
| Genetic Testing | Therapy (Occupational, Physical, and Speech) for Non-Participating Providers only |
| Genioplasty (chin) | Treatment of Learning/Developmental Disabilities |
| Home Health Care | TMJ Surgical Treatment |
| Hospice | Transplants |
| Hyperbaric Treatments | Uvulopalatopharyngoplasty/ Somnoplasty/Uvulectomy |
| IDET Procedure | LAUP-laser assisted |
| 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) | uvulopalatopharyngoplasty/somnoplasty |
| Liposuction | 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.

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| abatacept (Orencia) | hydroxyprogesterone caproate (Makena) | rimabotulinum toxin B (Myobloc) |
| abobotulinum toxin A (Dysport) | infliximab (Remicade) | riloncept (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 Pharmacy Program staff provides 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.