

MEDICARE SELECT 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 wish to verify that Unity has approved the request for Prior Authorization before you receive the service, please contact Unity Customer Service at 1-800-362-3310. Contact Medical Management at 1-888-829-5687 with questions or you can fax prior authorization requests to 1-608-821-4207. Contact Unity's Pharmacy Program at 1-888-450-4884 with questions about prior authorization of medications or you can fax the Medication Prior Authorization Request form ([link](#)) to 1-888-450-4711. ***If you use a non-participating provider, you are responsible for obtaining any required Prior Authorization.***

Abortions	Neuropsych testing (for Behavioral Health only)
Actinotherapy (ultraviolet light therapy for acne only; does not require PA for actinic keratoses)	Osteotomy/Osteoplasty (mandibular)
AODA Services	Out of Plan requests
Behavioral Health Services	Panniculectomy (Lipectomy)
Biodex	Penile Implant
Blepharoplasty (eyes)	Pre-op Days
Cardiac Rehabilitation	Prolotherapy
Contact Lenses or Glasses (only 1 st pair following cataract surgery, or 1 st pair upon diagnosis of keratoconus)	Reduction Mammoplasty
Cosmetic Surgery/Treatments	Revision of Prosthetic Vaginal Graft
Durable Medical Equipment	Rhytidectomy
Elective Hospital Admissions	Rhinoplasty
Electrolysis	Second Opinions to out of plan providers
Experimental/Investigational procedures	Sclerotherapy (radiofreq ablation, vein stripping, ligation)
Genetic Testing and Consult	Skilled Nursing Home Care
Genioplasty (chin)	Swim Molds
Hip Resurfacing	Tattoo Removal
Home Health Care	Treatment of Learning/Developmental Disabilities
Hospice	TMD Surgical Treatment
IDET Procedure	Transplants
Liposuction	Uvulopalatopharyngoplasty/ Somnoplasty/Uvulectomy
Mole Mapping	LAUP-laser assisted uvulopalatopharyngoplasty
Multifetal Pregnancy Reduction	

Pharmacy Prior Authorization is required for the medications listed below. Your practitioner must fax a [Medication Prior Authorization form](#) to Unity at 1-888-450-4711.

Amevive	Botox	Myozyme	Orencia	Remicade
Rituxan for rheumatology indications			Tysabri	Xolair

Prior Authorization is the process by which Unity's Medical Management staff or Unity 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 1-800-362-3310.