

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

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.

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 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.