

South Dakota State Employee Health Plan Pre-authorization Listing

07/01/18 to 06/30/19 (Subject to Change)

Health Management Partners (HMP) 1.866.330.9886 • www.preauthonline.com

Admissions

- Surgical, non-surgical (medical)
- Skilled nursing
- Rehabilitation
- Hospice
- Transplant services
- Out-of-network services
- Observation services (to follow CMS.gov guidelines)
- Mental health
- Chemical dependency inpatient, residential, intensive outpatient and partial hospital programming
- Maternity

Ambulance Transportation

- Non-emergent ambulance transportation requires pre-authorization through HMP.

Dependents Residing In Other States

There are no changes to pre-authorization requirements for dependents (college students) residing in other states.

Durable Medical Equipment (DME)

- Any DME Exceeding \$1000
- Apnea Monitors
- Compression pumps
- Continuous Passive Motion Device
- CGMS (continuous glucose monitoring system)
- CPAP, CPAP with humidifier, Bi-PAP (continuous positive airway pressure)
- Custom made braces over \$1000
- Electrical stimulation for urinary / bowel incontinence
- Feeding pump (initial supply only for pump and kit)
- Hospital beds
- Insulin pumps
- Neuromuscular electrical stimulators
- Negative pressure wound therapy pump
- Osteogenic stimulator (bone growth stimulator)
- Oximeters
- Oxygen, to include the oxygen carrier
- Percussors
- Pressure relief mattress
- Prosthetics
- SAD lites (seasonal affective disorder)
- Speech Devices
- Suction pumps
- TENS (transcutaneous electrical nerve stimulator)
- Terbutaline pumps
- Uterine monitor
- Ventilators
- Custom or Power Wheelchairs for purchase

Emergency Care

When traveling out-of-state and emergency services are required, a call to HMP must be made within 48 hours to retro-authorize an in-patient admission.

Oncology

Oncology related treatment requests must be submitted through eviti@connect.eviti.com. Select Health Management Partners as Line of Business. *Certain Oncology medications may fall to the pharmacy benefit (i.e. oral chemotherapy medications). Review the treatment plan drugs to determine if any drugs require dispensing by South Dakota State Employee Health Plan's Specialty Pharmacy or PBM to avoid penalties to the patient. If required, you will need to contact CVS Specialty Pharmacy Customer Service at 1-800-237-2767.*

Other Services

- Outpatient/Ambulatory Procedures
- MRI, MRA, CTA, CT Scans, and PET Scans
- Genetic Testing
- Cardiac self-management training and education
- Home health services, including home intravenous, pain management, and hospice
- Ambulatory infusion
- Rehabilitation
- Chelation therapy
- Transplant services
- Observation services
- Physical therapy, occupational therapy, or speech therapy
- Maternity ultrasounds
- Temporomandibular Joint Syndrome (TMJ) treatment
- Applied Behavior Analysis (ABA)
- Dialysis

Out-of-State Pre-authorizations

For pre-authorization of inpatient and outpatient services, providers should contact HMP at www.preauthonline.com. Requests for out-of-network referrals must be made prior to receiving care from the provider in order for you to receive the highest level of benefits (75%/25%).

Requests for Out-of-State Care will be declined if the patient care can be provided safely and cost effectively in South Dakota. Out-of-network benefits (65%/35%) will be applied to services received out-of-state if out-of-state care is not pre-authorized by HMP.

Out of Country Pre-authorization

If you are traveling out of the country and need pre-authorization, please place a collect call to 1-605-333-0200.

Medications Requiring Pre-authorization under Pharmacy Benefit:

For non-Specialty medications, contact CVS at 1-800-294-5979. For Specialty medications, contact CVS at 1-866-814-5506.

Medications Requiring Pre-authorization under Medical Benefit:

Providers may submit prior authorization request at www.preauthonline.com.

500 E. Capitol • Capitol Building • Pierre, SD 57501 • 1.605.773.3148 • 1.877.573.7347 • <http://benefits.sd.gov>

South Dakota State Employee Health Plan Prescription Pre-authorization Listing

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HMP: Providers may submit prior authorization request at www.preauthonline.com
Medications requiring Preauthorization under **Medical Benefits**:

- Actemra[®]
- Alferon N[®]
- Arcalyst[®]
- Benlysta[®]
- Berinert[®]
- Botox[®]
- Brineura[®]
- Buprenorphine[®]
- Cerezyme[®]
- Cinryze[®]
- Cinqair[®]
- Dysport[®]
- Elelyso[®]
- Entyvio[®]
- Epoprotenol (Flolan[®], Veletri[®])
- Exondys 51[®]
- Fasenra[®]
- Ilaris[®]
- Imfinzi[®]
- Immune Globulins
- Inflectra[®]
- Kalbitor[®]
- Kanuma[®]
- Krystexxa[®]
- Luxturna[®]
- Mepsevii[®]
- Myobloc[®]
- Naglazyme[®]
- Ocrevus[®]
- Orencia[®]
- Nucala[®]
- Prolia[®]
- Remicade[®]
- Remodulin[®]
- Renflexis[®]
- Rituxan[®]
- Sandostatin LAR[®]
- Soliris[®]
- Somatuline[®]
- Spinraza[®]
- Stelara IV[®]
- Supprelin LA[®]
- Synagis[®]
- Triamcinolone[®]
- Tysabri[®]
- Vimizim[®]
- Vivitrol[®]
- Vpriv[®]
- Xeomin[®]
- Xgeva[®]
- Xiaflex[®]
- Xolair[®]
- Zinplava[®]