

Prior Authorization Requests

AultCare has collaborated with eviCore healthcare for members in select Commercial Insured Plans (excluding Self-Funded) and PrimeTime Health Plan (excluding PrimeTime Choices). On April 1, 2021, eviCore healthcare began accepting prior authorization requests for select services with dates of service beginning on April 1, 2021.

NEW – On January 1, 2022 eviCore healthcare will begin accepting prior authorization requests for FEHB (Federal Employee Health Benefit) members for select services below with dates of service beginning on January 1, 2022.

- **Advanced Imaging (MRI,CT,PET)**
- **Nuclear Cardiology**
- **Molecular Genetic Testing**
- **Radiation Oncology**
- **Medical Oncology**

Please visit the eviCore Provider Resource Page at www.evicore.com/resources/healthplan/aultcare for a complete CPT code list.

A prior authorization navigation tool is built into the provider portal. This tool identifies the correct prior authorization platform to use when the member's ID number is entered.

The screenshot shows a navigation tool interface with tabs for COVERAGE DETAILS, MEDICAL BENEFITS, ACCUMULATORS, MEMBER ID CARD, and PRIOR AUTH. The PRIOR AUTH tab is active. It lists four categories of services:

- eviCore**
 - Advanced Imaging which includes all CT, MRI, PET scans and nuclear cardiology
 - Oncology-related requests that include chemo-therapeutic agents paid by the medical plan, and radiation therapy for a new diagnosis and treatment plan
 - All Genetic testing

Go to eviCore
- MHK**
 - Medications subject to prior authorization that are paid by the pharmacy benefit
 - Medications not related to a cancer diagnosis that are paid by the medical benefit

Go to MHK Pharmacy /Medical Medication PAs

Need assistance understanding the MHK platform? [MHK Informational Guide](#)

Medication not listed in MHK? [Go to Rx Fillable Forms](#)
- TTAP (Trizetto® Touchless Authorization Processing)**
 - Select DME Items

Go to TTAP (Trizetto® Touchless Authorization Processing)

Need assistance understanding the TTAP platform? [TTAP Provider Guide](#)
- Medical Prior Auth & Referral Forms**
 - Home healthcare, DME not in TTAP
 - For anything not listed above (experimental treatments and surgery, new technology, cosmetic).

Go to Medical Prior Auth & Referral Forms

For a complete list, please review the [Utilization Management Guidelines](#)

Platforms for AultCare Insured and PrimeTime Health Plan members.

The screenshot shows a navigation tool interface with tabs for COVERAGE DETAILS, MEDICAL BENEFITS, ACCUMULATORS, MEMBER ID CARD, and PRIOR AUTH. The PRIOR AUTH tab is active. It lists three categories of services:

- MHK**
 - Medications subject to prior authorization that are paid by the pharmacy benefit
 - Medications subject to prior authorization that are paid by the medical benefit

Go to MHK Pharmacy /Medical Medication PAs

Need assistance understanding the MHK platform? [MHK Informational Guide](#)

Medication not listed in MHK? [Go to Rx Fillable Forms](#)
- TTAP (Trizetto® Touchless Authorization Processing)**
 - Genetic testing, DME, select imaging (orthopedic MRI's and select CT's)
 - Timken Company custom prior authorization list (Group Numbers 157, 157R)
 - Select surgical procedures for group 137, 136, 150, 1000 PPO, 1000 TRAD, 65000, 950142

Go to TTAP (Trizetto® Touchless Authorization Processing)

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- Medical Prior Auth & Referral Forms**
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Go to Medical Prior Auth & Referral Forms

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Platform for AultCare Self-Funded members.

Required Medical Prior Authorizations

Submit through Trizetto® Touchless Authorization Processing (TTAP)

This list applies to AultCare Self-Funded members.

All Molecular Diagnostic (Genetic) Testing

- Note: If you are unable to locate a test in TTAP that requires a prior authorization, submit through the online fillable form

Imaging Procedures

- Capsule Endoscopy
- Cardiac CT/CTA
 - » Cardiac
 - » Carotid Arteries
- Carotid Artery CTA/MRA
- MRI /MRA
 - » Temporomandibular joint (TMJ) MRI
 - » Breast MRI
 - » Cardiac MRI/MRA
 - » Chest MRI/MRA
 - » Spine MRI
 - » Upper Extremities
 - Shoulder MRI
 - Elbow; includes MR Arthrogram/MRI
 - Wrist MRI
 - » Lower Extremities
 - Hip MRI
 - Knee MRI
 - Ankle MRI
 - Foot MRI
- PET Scans/PET with CT
 - » Cardiac
 - » Whole body

Select Surgical Procedures

Applies to AultCare (group 150), Aultman (group 137), Aultman Alliance Union Plan (group 136), Aultman retirees (groups 1000PPO and 1000 TRAD) and FEHBP (groups 65000 and 950142)

- Artificial Disc Replacement, Cervical
- Artificial Disc Replacement, Lumbar
- Joint Replacement, Elbow
- Joint Replacement, Shoulder
- Joint Replacement, Wrist
- Total Joint Replacement, Ankle
- Total Joint Replacement, Hip
- Total Joint Replacement Knee
- Unicondylar Knee Replacement
- Removal and Replacement, Total Joint Replacement Hip
- Removal and Replacement, Total Joint Replacement Knee
- Removal and Replacement, Total Joint Replacement, Shoulder
- Scoliosis Surgery

Durable Medical Equipment*

- Items currently requiring a prior authorization (no additional items added)
- Note: If you are unable to locate an item in TTAP that requires a prior authorization, submit through the online fillable form
- Note: Oxygen no longer requires a prior authorization

*Submit through TTAP for ALL members.

The Timken Company Plans under Groups 157 and 157R require the below additional prior authorizations.

Please submit these requests through TTAP.

- Ablative techniques as a treatment for Barrett's Esophagus
- Autologous Cellular Immunotherapy for the Treatment of Prostate Cancer/ Sipuleucel-T (Provenge®)
- Automated Percutaneous and Endoscopic Discectomy
- Balloon sinuplasty
- Bone Grafts
- Brachioplasty
- Bronchial Thermoplasty for Treatment of Asthma
- Cardiac Ion Channel Genetic Testing
- Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the treatment of Heart Failure
- Carotid, Vertebral and Intracranial Artery Angioplasty with or without stent placement
- Cervical Total Disc Arthroplasty
- Cervical/Lumbar Spinal Discectomies
- Cervical/Lumbar Spinal Disc Arthroplasties (replacements)
- Cervical/Lumbar Spinal Fusions
- Cervical/lumbar Spinal Laminectomies
- Computer-Assisted Musculoskeletal Surgical Navigational orthopedic procedures of the Appendicular System
- Continuous Interstitial Glucose Monitoring
- Cryoablation for Plantar Fasciitis and Plantar Fibroma
- Cryopreservation of Oocytes or Ovarian Tissue
- Cryosurgical Ablation of solid tumors outside the liver
- Diagnosis of Sleep Disorders
- Dynamic Low-Load Prolonged-Duration Stretch Devices (LLPS)
- Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities
- Epidural Adhesiolysis
- Epidural Injections (Interlaminar/Caudal and Transforaminal)
- Extracorporeal Shock Wave Therapy for orthopedic conditions
- Facet Joint Injections/Medial Brach Blocks
- Facet Joint Radiofrequency Nerve Ablation
- Gastric Electrical Stimulation
- Hip Arthroscopy
- Hyperbaric Oxygen Therapy (Systemic/Topical)
- Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
- Implantable Infusion Pumps
- Implantable Middle Ear Hearing Aids
- Implantable or Wearable Cardioverter-Defibrillator
- Implanted Devices for Spinal Stenosis
- Insertion/Injection of Prosthetic Material Collagen Implants
- Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)
- Interlaminar/Interspinous Process Stabilization/ Distraction Device
- Keratoprosthesis
- Knee Arthroscopy
- Locally Ablative techniques for treating Primary and Metastatic Liver Malignancies
- Lower Esophageal Sphincter Augmentation Devices for the Treatment of Gastroesophageal Reflux Disease (GERD)
- Lumbar Discography
- Lumbar Spine Surgeries
- Lung Volume Reduction Surgery
- Lysis of Epidural Adhesions
- Magnetic Source Imaging and Magnetoencephalography (MSI/MEG)
- Manipulation under anesthesia of the spine and joints other than the knee
- Maze procedure
- Mechanical Embolectomy for Treatment of Acute Stroke

- Meniscal Allograft Transplantation of the Knee
- MRI guided High Intensity Focused Ultrasound Ablation of Ureterine Fibroids
- Occipital Nerve Stimulation
- Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea
- Outpatient Cardiac Hemodynamic Monitoring Using a Wireless Sensor for Heart Failure Management
- Ovarian and Internal Iliac Vein Embolization as a treatment of Pelvic Congestion Syndrome
- Partial Left Ventriculectomy
- Patocoagulation of Macular Drusen
- Percutaneous Neurolysis for Chronic Neck and Back Pain
- Percutaneous Spinal Procedures
- Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty
- Perirectal Spacers for use during Prostate Radiotherapy
- Pneumatic Compression Devices for Lymphedema
- Presbyopia and Astigmatism-Correcting Intraocular Lenses
- Prostate Saturation Biopsy
- Real-Time Heart Monitors
- Regional Sympathetic Blocks
- Repair of Pectus excavatum/carinatum
- Rhinoplasty
- Sacral Nerve Stimulation (SNS) and Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary and Fecal Incontinence; Urinary Retention
- Sacral Nerve Stimulation as a treatment of Neurogenic Bladder secondary to spinal cord injury
- Sacroiliac Joint Fusion
- Sacroiliac Joint Injections
- Shoulder Arthroplasty
- Single Photon Emission Computed Tomography (SPECT) Scans for Noncardiovascular Indications
- SmartPill™ Motility Testing
- Spinal Deformity (Scoliosis/Kyphosis)
- Spinal Vertebroplasty/Kyoplasty
- Stereotatic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT)
- Surgical and Ablative treatment for Chronic Headache
- Surgical and Minimally Invasive treatments for Benign Prostatic Hyperplasia (BPH) and other GU conditions
- Thermal Intradiscal Procedures
- Tonsillectomy (Children under the age of 18, effective January 1, 2022)
- Total Ankle Replacement
- Total Hip Replacement
- Total Knee Replacement
- Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation (Radiofrequency and Cryoablation)
- Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Malignant Lesions Outside the Liver- except CNS and Spinal Cord
- Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for treating Primary or Metastatic Liver Tumors
- Transcatheter closure of patent Foramen Ovale and Left Atrial Appendage for stroke prevention
- Transcatheter Heart Valve Procedures
- Transcatheter Uterine Artery Embolization
- Transendoscopic Therapy for Gastroesophageal Reflux Disease and Dysphagia
- Transmyocardial/Periventricular Device Closure of Ventricular Septal Defects
- Transtympanic Micropressure for the treatment of Meniere's Disease
- Treatment of Hyperhidrosis
- Treatment of Obstructive Sleep Apnea, UPPP
- Treatment of Osteochondral Defects
- Viscoanalostomy and Canaloplasty
- Wheeled Mobility Devices: Manual Wheelchairs-Ultra Lightweight
- Wireless Capsule Endoscopy for Gastrointestinal

For a complete list of required prior authorization guidelines, please visit the AultCare website at www.aultcare.com or PrimeTime Health Plan website at www.pthp.com and click on Provider Resources.