

For HealthLink Reviews

Customer Service and Notifications/Pre-Certifications:

877-284-0102 • 800-510-2162 (fax)

Phone Hours: 7:00 a.m. to 5:00 p.m. CST

Inpatient Services (Medical/Surgical)

- Bariatric Surgery
- Cervical Spine Surgery
- Computer Navigation for Orthopedic Surgery
- Elective Admissions
- Emergency Admissions – Requires notification no later than 2 business days after admission
- Hospice
- LTAC Admissions
- Lumbar Spine Surgery
- OB Delivery stays beyond the Federal Mandate minimum (including newborn stays beyond mother's stay)
- Rehabilitation Facility Admissions
- Sacroiliac Joint Fusion
- Skilled Nursing Facility Admissions
- Transplants

Surgical Procedures - Ambulatory

- Bariatric Surgery
- Blepharoplasty/Blepharoptosis
- Bone-Anchored Hearing Aids
- Breast Procedures
- Cardiac Resynchronization Therapy (CRT) with or without Implantable Cardioverter Defibrillator (CRT/ICD) for Treatment of Heart Failure
- Cartilage Transplant Knee
- Cervical Spine Surgery
- Cochlear Implant
- Computer Navigation for Orthopedic Surgery
- Cosmetic and Reconstructive Services of Head, Neck, Trunk and Groin
- Elective Total Hip Arthroplasty
- Elective Total Knee Arthroplasty
- IDET Procedure
- Implantable Cardioverter-Defibrillator (ICD)
- Lumbar Spine Surgery
- Mandibular/Maxillary Surgery (Orthognathic)
- Mastectomy for Gynecomastia
- Nasal Septoplasty
- Panniculectomy and Lipectomy/
Diastasis Recti Repair
- Reduction Mammoplasty
- Rhinoplasty
- Sacroiliac Joint Fusion
- Sinus Endoscopy
- Sleep Apnea Surgery - LAUP/UPPP,
Nasal, and Uvulopalatoplasty
- Treatment of Varicose Veins (Lower Extremities)

Behavioral Health Services

- **Applied Behavior Analysis (ABA)***
- Intensive Outpatient Program (IOP)
- Inpatient Behavioral Health Services
- Partial Hospital Program (PHP)
- Residential Behavioral Health Services
- Transcranial Magnetic Stimulation (TMS)

Ancillary Services

- Air Ambulance – Non-Emergent
- Botulinum Toxin – Review for Migraine Use Only
- Home Health Services
- Genetic Testing for Breast and/or
Ovarian Cancer Syndrome
- Genetic Testing for Inherited Peripheral
Neuropathies
- Genetic Testing for PTEN Hamartoma
Tumor Syndrome*
- Home Hospice
- Home Infusion Services
- Hyperbaric Oxygen Therapy (Systemic/Topical)
- Occupational Therapy
- Physical Therapy
- Private Duty Nursing
- Speech Therapy

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Durable Medical Equipment

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| <ul style="list-style-type: none"> • Bone Stimulator • Cardio/External Defibrillator • Cooling Devices • CPAP/BIPAP • Electric Scooters • Infusion Pumps • Insulin Pumps • Limb Prosthetics | <ul style="list-style-type: none"> • LVAD – Reviewed by Transplant • Myoelectric prosthetics • Neuromuscular Stimulators • TENS Unit • Wheelchairs (Custom) • Wheelchairs (Power) • Wound Vacs |
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Diagnostic Imaging - Ambulatory

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| <ul style="list-style-type: none"> • Coronary CT Angiography (CCTA) • Coronary MRA • Cardiac MRI • MRA of the Head and/or Neck | <ul style="list-style-type: none"> • MRI of the Brain • MRI of the Spine – Cervical, Throacic, Lumbar, Sacral • PET Scan |
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Specialty Infusion Drugs

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| <ul style="list-style-type: none"> • Azacitidine (Vidaza) • Bevacizumab (Avastin) – Review for Non-Eye Only • Bortezomib (Velcade) • CAR-T Cell Therapy (Yescarta and Kymriah)* • Etanercept (Enbrel) • Fulvestrant (Faslodex) • Immune Globulin (Intravenous) • Infliximab (Remicade) • Ipilimumab (Yervoy) • Nivolumab (Opdivo) | <ul style="list-style-type: none"> • Nusinersen (Spinraza)* • Paclitaxel (Abraxane Only) • Panitumumab (Vectibix) • Pembrolizumab (Keytruda) • Pemetrexed (Alimta) • Rituximab (Rituxan) – Review for Non-Oncology Diagnosis/Treatment Only • Voretigene Neparvovec (Luxturna)* • Zolgensma* |
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Please refer to the member's ID card to ensure that the member's health plan participates with HealthLink Medical Management.

HealthLink's Utilization Management program is designed to provide clinical review of medical care to convey information and recommendations to plan administrators and carriers in connection with their determination of benefit eligibility. Medical necessity certification does not guarantee that services are covered. Benefits are subject to the patient's eligibility at the time charges are actually incurred, and to all other terms, conditions and exclusions of the applicable health plan.

***New services requiring pre-certification as of 1/1/20.**

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