



**Pre-Authorization for Infusion Center
August 2007**

The following guidelines are established for pre-authorization of Infusion Center patients receiving services under CPT-4 codes **90765** (IV prophylaxis or DX), **90760** (IV Hydration), and **90772** (Subq or IM Therapeutic Injection):

AETNA – A call must be placed on **all** Aetna products except Indemnity. Aetna pre authorization policy is based upon employer contracts. 800-624-0756 (HMO) or 888-632-3862 (PPO) or use Aetna Online Service.

ANTHEM FEP – No authorization required

ANTHEM PPO Products including Key Care and Personal Health – No authorization required

ANTHEM HEALTHKEEPERS – Authorization is required.
800-533-1120

CAREFIRST PPO – No authorization required
CAREFIRST INDEMNITY – No authorization required

CAREFIRST BLUE CHOICE HMO – Authorization required

CAREFIRST BLUE CHOICE OPEN ACCESS –
Authorization required
866-773-2884

CIGNA – No authorization required for any of CIGNA's plans

Great West Health Care PPO – No authorization required

Potomac Hospital Employee Plan – No authorization required

Kaiser – Authorization required for all plans
800-777-7902

Mail Handlers – Authorization required
800-707-5586

MAMSI Life and Health – No authorization required
MD IPA – No authorization required

MEDICAID - Authorization required
888-827-2884 (Kepro)

MEDICAID ANTHEM HK PLUS – Authorization required
800-533-1120

MEDICAID AMERIGROUP – Authorization required
800-454-3730

MEDICARE – No authorization required

MEDICARE HUMANA GOLD – No authorization required

NCPPO - No authorization required

OneNet – Must call on **all** plans using 800# on the card. These plans are based upon employer contracts and can vary.

OPTIMUM CHOICE AND PREFERRED – No authorization required

PRIVATE HEALTHCARE SYSTEMS - No authorization required

TRICARE Active Duty/Retired – No authorization required

UNITED HEALTHCARE – No authorization required for any of UHC products.

VIRGINIA HEALTH NETWORK – No authorization required.

REMEMBER

When authorization is required for these services, obtain the authorization for both the primary and secondary payer unless the plan is secondary to Medicare or Tricare.