

List of Diagnostic Studies and Prior Authorization Requirements

Please refer to the following list when processing requests for physician recommended studies.

| COMMON STUDIES | | LESS COMMON STUDIES | | **NON-ROUTINE STUDIES | |
|---|----|---------------------------------|-----|------------------------------------|-----|
| <i>Prior Auth required at :</i> | | <i>Prior Auth required at :</i> | | <i>Prior Auth required at :</i> | |
| VCHCA Facilities/VCMC | No | VCHCA Facilities/VCMC | No | VCHCA Facilities/VCMC | Yes |
| Contracted Facilities | No | Contracted Facilities | Yes | Contracted Facilities | Yes |
| 2D Echo (Requested by Cardiology) | | 2D Echo | | Amniocentesis | |
| Anoscopy Diagnostic | | | | Bone Scan | |
| Barium Enema | | Bronchoscopy | | | |
| Breast Biopsy | | | | | |
| Carotid Duplex Doppler (Venous and Arterial Doppler) | | EEG (Electroencephalogram) | | Dexa Scan | |
| Colonoscopy Screening and Diagnostic with or without biopsy, Sigmoidoscopy with or without biopsy | | IVP (Intravenous Pyelogram) | | Event Monitor | |
| CT Angiography | | | | | |
| CT Scan (Cat Scan) | | | | MRI / MRA / MRV | |
| *EKG/ECG - Electrocardiogram | | | | Myelogram | |
| Endoscopy, Esophagogastro Duodenoscopy (EGD/Upper GI Endoscopy, EGD/Upper GI Endoscopy with or without biopsy | | | | Nuclear Medicine | |
| Fetal Non Stress Test | | | | Pet Scan | |
| Holter Monitor | | | | PCI (Heart Cath) | |
| Labs | | | | Tagged White/Red Cell Scan | |
| Mammogram Screening and Diagnostic | | | | VQ Scan (Ventilation/Perfusion) | |
| Prostate Biopsy | | | | | |
| Pulmonary Function Test | | | | | |
| | | | | | |
| Stress Test (Requested by Cardiology) | | | | | |
| Thyroid Biopsy | | | | | |
| Ultrasound/Sonogram, Includes OB Ultrasound and Nuchal Translucency – Includes VCMC Affiliates (Exception: Prior authorization is required if services will be performed by Perinatologist other than VCMC Affiliates) | | | | | |

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| Upper GI | | |
| VCUG – Voiding Cystourethrogram | | |
| X-Rays, Plain Films | | |

*Requires Prior Auth if not emergent/urgent from PCP

**Not an inclusive list

This is also located in our VCHCP Provider website:

<http://www.vchealthcareplan.org/providers/docs/PriorAuthorizationGuidelines.pdf>

A. Review & Revision History:

Reviewed/Updates by: Faustine Dela Cruz, RN, Catherine Sanders, MD
 Committee Review: UMC: February 9, 2017; QAC: February 28, 2017
 Reviewed/Updates by: Faustine Dela Cruz, RN, Catherine Sanders, MD
 Committee Review: UMC: February 8, 2018; QAC: February 27, 2018
 Reviewed/Updates by: Faustine Dela Cruz, RN, Catherine Sanders, MD
 Committee Review: UMC: May 10, 2018; QAC: May 29, 2018
 Reviewed/No Updates by: Faustine Dela Cruz, RN, Catherine Sanders, MD
 Committee Review: UMC: February 14, 2019; QAC: February 26, 2019
 Reviewed/No Updates by: Faustine Dela Cruz, RN, Catherine Sanders, MD
 Committee Review: UMC: November 14, 2019; QAC: November 26, 2019
 Reviewed/No Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD
 Committee Review: UMC: February 13, 2020; QAC: February 25, 2020
 Reviewed/Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD
 Committee Review: UMC: August 13, 2020; QAC: August 25, 2020
 Reviewed/Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD
 Committee Review: UMC: November 12, 2020; QAC: November 24, 2020
 Reviewed/No Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD
 Committee Review: UMC: February 11, 2021; QAC: February 23, 2021
 Reviewed/No Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD
 Committee Review: UMC: February 17, 2022; QAC: February 22, 2022

| Revision Date | Content Revised (Yes/No) | Contributors | Review/Revision Notes |
|---------------|--------------------------|--|---|
| 2/9/17 | Yes | Catherine Sanders, MD; Robert Sterling, MD, Faustine Dela Cruz, RN | Annual review; diagnostic mammogram and colonoscopy, sigmoidoscopy and CT scan changed to no authorization required |
| 2/8/18 | Yes | Catherine Sanders, MD; Robert Sterling, MD, Faustine Dela Cruz, RN | Annual review; added VCMC Affiliates – who can perform OB ultrasound/sonogram and nuchal translucency, without prior authorization. |
| 5/10/18 | Yes | Catherine Sanders, MD; Robert Sterling, MD, | Removed prior authorization of Holter monitor from non VCMC |

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| | | Faustine Dela Cruz, RN | contracted providers. Added Zio Patch to the non-routine studies that always require PA. |
| 2/14/19 | No | Catherine Sanders, MD; Robert Sterling, MD, Faustine Dela Cruz, RN | Annual review |
| 8/22/19 | Yes | Howard Taekman, MD; Faustine Dela Cruz, RN | Moved Carotid Duplex Doppler (Venous and Arterial Doppler) to no prior authorization. Added anoscopy diagnostic under common studies, no prior authorization required. Removed prior authorization for Ziopatch. |
| 2/13/20 | No | Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN | Annual review |
| 8/13/20 | Yes | Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN | Removed Stress Test under Less Common Studies column. |
| 11/12/20 | Yes | Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN Meriza Ducay, RN | Moved CT Angiography to Common Studies column; Added the following to Common Studies Column: Colonoscopy with biopsy, Sigmoidoscopy with biopsy, EGD/Upper GI Endoscopy with biopsy, Breast Biopsy, Prostate Biopsy, Thyroid Biopsy and VCUG – Voiding Cystourethrogram |
| 2/11/21 | No | Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN | Annual review |
| 2/17/22 | No | Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN | Annual review |