

## 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 Echocardiogram Doppler Services – Specific to Perinatology Specialty                                    |    |                                 |     | Pet Scan                        |     |
| Fetal Non-Stress Test   |    |                                 |     | PCI (Heart Cath)                |     |
| Holter Monitor  |    |                                 |     | Tagged White/Red Cell Scan      |     |
| Labs  |    |                                 |     | VQ Scan (Ventilation/Perfusion) |     |
| Mammogram Screening and Diagnostic  |    |                                 |     |                                 |     |
| Prostate Biopsy   |    |                                 |     |                                 |     |
| Pulmonary Function Test   |    |                                 |     |                                 |     |
| Stress Test (Requested by Cardiology)   |    |                                 |     |                                 |     |
| Thyroid Biopsy  |    |                                 |     |                                 |     |
| Ultrasound/Sonogram, Includes OB Ultrasound and Nuchal Translucency – Includes VCMC Affiliates                |    |                                 |     |                                 |     |
| Upper GI  |    |                                 |     |                                 |     |

|                                    |  |  |
|------------------------------------|--|--|
| VCUG – Voiding<br>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  
 Reviewed/No Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD  
 Committee Review: UMC: February 2, 2023; QAC: February 7, 2023  
 Reviewed/Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD  
 Committee Review: UMC: February 8, 2024; QAC: February 27, 2024  
 Reviewed/No Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD  
 Committee Review: UMC: February 20, 2025; QAC: February 25, 2025

| 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, Faustine Dela Cruz, RN | Removed prior authorization of Holter monitor from non VCMC 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<br>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   |
| 2/2/23   | Yes | Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN                     | UPDATED Removed (Exception: for Prior authorization is required if services will be performed by Perinatologist other than VCMC Affiliates)   |
| 2/8/24   | Yes | Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN                     | Added Fetal Echocardiogram Doppler Services – Specific to Perinatology Specialty  |
| 2/20/25  | No  | Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN                     | Annual review   |