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## NEW YORK PREAUTHORIZATION LIST

Process - Written authorization must be obtained for special service(s) costing over \$1,000 in a non-emergency situation or requiring pre-authorization pursuant to the Medical Treatment Guidelines (MTG). Pre-authorization is also required for the 11 procedures and second surgeries listed in the Medical Treatment Guidelines for the Mid and Low Back, Neck, Shoulder, Knee, Carpal Tunnel Syndrome and Non-Acute Pain regardless of the fee.

SERVICES COSTING OVER \$1,000 - In a non-emergency situation or requiring pre-authorization pursuant to the Medical Treatment Guidelines (MTG) - All medical care consistent with the Medical Treatment Guidelines costing one thousand dollars or more requires pre-authorization.

SPECIAL SERVICES - Services for which authorization must be requested.

1. Lumbar fusion as set forth in E.4 of the New York Mid and Low Back Injury Medical Treatment Guidelines;
2. Artificial disc replacement as set forth in E.5 of the New York Mid and Low Back Injury Medical Treatment Guidelines, and in E.3 of the New York Neck Injury Medical Treatment Guidelines;
3. Vertebroplasty as set forth in E.6.a.i. of the New York Mid and Low Back Injury Medical Treatment Guidelines;
4. Kyphoplasty as set forth in E.6.a.i. of the New York Mid and Low Back Injury Medical Treatment Guidelines;
5. Electrical bone stimulation as set forth in the New York Mid and Low Back Injury Medical Treatment Guidelines and the New York Neck Injury Medical Treatment Guidelines;
6. Osteochondral autograft as set forth in D.1.f. and Table 4 of the New York Knee Injury Medical Treatment Guidelines;
7. Autologous chondrocyte implantation as set forth in D.1.f., Table 5, and D.1.g. of the New York Knee Injury Medical Treatment Guidelines;
8. Meniscal allograft transplantation as set forth in D.6.f., Table 8, and D.7. of the New York Knee Injury Medical Treatment Guidelines;
9. Knee arthroplasty (total or partial knee joint replacement) as set forth in F.2. and Table 11 of the New York Knee Injury Medical Treatment Guidelines;
10. Spinal Cord Pain Stimulators as set forth in G.1 of the Non-Acute Pain Medical Treatment Guidelines; and,
11. Intrathecal Drug Delivery (Pain Pumps) as set forth in G.2 of the Non-Acute Pain Medical Treatment Guidelines.
12. The following services if costs will exceed more than \$1000:
  - a. Physician services of a specialist, consultant, or surgeon
  - b. X-ray examinations or physiotherapeutic or other procedures provided by physicians, specialists, consultants
  - c. special diagnostic laboratory tests
  - d. **Podiatrists** - In treating the foot, to provide physiotherapeutic procedures, X-ray examinations, or special diagnostic laboratory tests costing more than \$1,000.
  - e. **Chiropractors** - In treating a condition as provided in Section 6551 of the Education Law, to engage the services of a specialist, consultant, or a surgeon, or to provide for X-ray examinations or physiotherapeutic or other procedures, or to provide for special diagnostic laboratory tests costing more than \$1,000.
  - f. **Occupational/Physical Therapists** - In treating a condition as provided in Article 136 or 156 of the Education Law, in the Workers' Compensation Law, and the Rules of the Chair relative to Occupational/Physical Therapy Practice to provide a course of occupational/physical therapy procedures costing more than \$1,000.

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- g. **Psychologists** - Prior authorization for procedures enumerated in section 13-a(5) of the Workers' Compensation Law costing more than \$1,000 must be requested from the self-insured employer or insurance carrier. In addition, authorization must be requested for any biofeedback treatments, regardless of the cost, or and special diagnostic laboratory tests which may be performed by psychologists. Where a claimant has been referred by an authorized physician to a psychologist for evaluation purposes only and not for treatment, prior authorization must be requested if the cost of consultation exceeds \$1,000.