



Coventry Workers' Comp Network Preauthorization List

Diagnostics
Discograms, Arthrograms and Myelograms
Electromyography (EMG) and Nerve Conduction Velocity (NCV) Testing
Repeat / Standing Magnetic Resonance Imaging (MRI) or Computed Tomography (CT) Scans (MRI / CT scan of the spine within first 4 weeks or repeat of MRI / CT scans for all body parts)
Repeat Individual Diagnostic Study with a Reimbursement established in the Current Medical Fee Guideline greater than \$350 or without a Reimbursement Rate in Medical Fee Guidelines (unless otherwise specified)
Ultrasounds
Physical Medicine
Aquatic Therapy
Chiropractic Treatments (after 6 visits)
Durable Medical Equipment (DME) Billed Charges Greater than \$500 Per Item (either purchase or expected cumulative rental)
Massage Therapy
Occupational Therapy (after 6 visits)
Physical Medicine and Rehabilitation (after 6 visits)
Transcutaneous Electrical Nerve Stimulation (TENS) and Interferential Units
Work Hardening and Work Conditioning Programs
Yoga
Procedures
Acupuncture
Botox, Epidural Steroid, Facet, Joint Steroid, Prolotherapy, Sacroiliac (SI) Joint and Trigger Point Injections
Manipulations Under Anesthesia (MUA)
Medial Branch, Selective Nerve Root, Stellate Ganglion and Sympathetic Nerve Blocks
Power Traction Devices such as Vax-D
Radiofrequency Ablation (RFA) and Neurotomy / Facet Rhizotomy
Referrals
Biofeedback
Chemical Dependency Programs
Chronic Pain Management and Interdisciplinary Pain Rehabilitation
Psychological Testing; Psychotherapy; Repeat Interviews
Psychotherapy with Social Worker, Psychologist or Psychiatrist
Skilled Care
Acute Inpatient Hospitalization or Rehabilitation Admissions
Home Health Care / Aides
Long-Term Acute Care Hospital (LTACH) Admissions
Nursing Home, Skilled Nursing Facility (SNF), Convalescent or Residential Care Admissions
Physical Therapy Aides
Post-Acute Rehabilitation Admissions
Skilled Nursing Visits

Surgery
All Surgeries with a Billed Amount Greater than \$500.00 (Pre-auth request should include specific hardware to be used for the procedure)
Bone and Tendon Graft Substitutes and Adjuncts
Implantable Drug Delivery Systems (including pain pumps)
Intradiscal Electrothermal Annuloplasty (IDET)
Spinal and Artificial Disc Surgery
Spinal Cord Stimulators
Ultrasonic and Electrical Bone Growth Stimulators
Other
Dental Services
Drugs not included in the Division's Formulary
Gym Memberships
Investigational or Experimental Procedure, Service or Device (not yet broadly accepted as the prevailing standard of care)
Narcotics / Opioids Prescribed over 30 Days
Required Treatment Plans
Treatment and Services that exceed or are not addressed by the Network's Adopted Preauthorization or Treatment Guidelines
Treatment for an Injury or Diagnosis that is not accepted by the Carrier
Weight Loss Programs