

Prior Authorization is required for the following

ALL NON-CONTRACTED/ OUT OF NETWORK require prior authorization (except for use of out-of-network benefits in PPO products and some self-funded products. Please check with Customer Service).

INPATIENT ADMISSIONS (Emergent admissions in MH facilities require notification only; All other contracted facilities require notification and concurrent authorization).

ELECTIVE INPATIENT ADMISSIONS (Emergent admissions in contracted facilities require notification only).

OBSERVATION STAYS AT OUT OF NETWORK FACILITIES

POST ACUTE/ALTERNATIVE LEVELS OF CARE, including inpatient rehabilitation, LTAC, SNF, Inpatient Hospice. All require prior authorization and clinical review.

OUTPATIENT SURGICAL PROCEDURES conducted in ASC (Ambulatory Surgical Center) or Outpatient Hospital setting require clinical review and authorization.*

Procedures and other services requiring authorization (including but not limited to)*

Bariatric services

Bone growth stimulators

Capsule endoscopy

Cosmetic & Reconstructive procedures

Dental services under the medical benefit

Clinical Trials, Experimental and/or investigational procedures

Fetal surgery

Gender reassignment/Gender dysphoria related services

Genetic and genomic testing

Home health and home-based services

Imaging-including CT, interventional cardiology, IGRT, MRI, MRA, nuclear studies, PET, SPECT

Infertility services

Infusion services

Intraoperative neuromonitoring

Musculoskeletal-joint and pain management services, including orthopedic surgery, facet and steroid injections, nerve blocks, neurostimulators

Non-emergent transportation-including ground, fixed wing, helicopter and jet travel

Oncology services-including chemotherapy, IMRT, radiation therapy, novocure tumor treating fields

Orthognathic Surgery Procedures

Penile Prosthesis Procedures

Pre-Transplant Evaluation

Reconstructive Procedures

Sleep studies or Sleep apnea procedures or surgeries

Transplantation services including bone marrow, stem cell and all solid organs

Ventricular assist devices and artificial heart devices

*ALL Unlisted Miscellaneous, Unclassified Codes Greater than \$1000 Requires Prior Authorization

*Please see separate PA code list to view full list of procedure codes.

Durable Medical Equipment, Prosthetics and Orthotics

Any DME, orthotic or prosthetic device over \$500 requires authorization

This includes the following (including but not limited to):

Bone growth stimulator

BIPAP and CPAP (Authorization is Required No Matter the Amount)

Customized wheelchairs

Formula (Authorization is Required No Matter the Amount)

Oxygen concentrators and oxygen delivery devices (Authorization is Required No Matter the Amount)

Power operated vehicles

Ventilators and related equipment and supplies

Behavioral Health Services

Behavioral Health Inpatient Admission

Chemical Dependency Inpatient Admission

Residential Treatment Center (RTC)

Partial Hospitalization Program (PHP)

Intensive Outpatient Treatment (IOP)

Applied Behavioral Analysis (ABA)

Electroconvulsive Therapy

Repetitive Transcranial Magnetic Stimulation

Medical Pharmacy Drugs

ALL MEDICAL PHARMACY DRUGS EXCEEDING \$1000 BILLED CHARGES PER CLAIM LINE