

2024 Prior Authorization

Prior Authorization is required for the following Covered Services:

- **Ambulance Services (Non-emergent)** -
PA not required for return to LTC from IP (HN)
- **Ambulatory Surgical Center Services**
- **Cardiac & Pulmonary Rehab Services**
- **Chiropractic Services**
- **Diabetic Supplies and Services/Diabetic Therapeutic Shoes**
- **Durable Medical Equipment (DME)** (with billed charges more than \$250 each month)
- **Home Health Services**
- **Inpatient Hospital Acute**
- **Inpatient Hospital Psychiatric**
- **Opioid Treatment Program Services**
- **Outpatient Diagnostic High-tech Radiology**
(PA not required for general x-ray services)
- **Outpatient Diagnostic Procedures, Tests and Lab Services** (PA not required when test is rendered in nursing facility or network physician office)
- **Outpatient Hospital Services**
- **Outpatient Observations**
- **Part B Chemotherapy Drugs** (Initial administration of covered drug)
- **Part B Chemotherapy Drugs**
(Covered drug with billed charges more than \$250 each month)
- **Part B Drugs** (Covered drugs with billed charges more than \$250 each month)
- **Partial Hospitalization**
- **Prosthetics/Medical Supplies** (with billed charges more than \$250 each month)
- **Skilled Nursing Facility (SNF)**



Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary.