

2025 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**
- **Palliative Care** (home-based)
- **Part B Chemotherapy Drugs** (Initial administration of covered drugs)
- **Part B Chemotherapy Drugs** (Covered drugs 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. NonPar Providers please verify PA requirements.