

# 2026 Prior Authorizations



Services must be provided in accordance with Medicare Coverage Guidelines and limitations; And are subject to review. All medical care, services, supplies, and equipment must be medically necessary.

**Non-Participating Providers:** Please Verify Prior Auth Requirements

## Prior Authorization is Required for the Following Covered Services:

- 🌿 **Ambulance Services** (Non-Emergent) - No PA required for return to ALF from IP (HE)
- 🌿 **Ambulatory Surgical Center (ASC) Services**
- 🌿 **Cardiac & Pulmonary Rehabilitation Services**
- 🌿 **Diabetic Services, Supplies & Therapeutic Shoes / Inserts**
- 🌿 **Durable Medical Equipment (DME)** - with billed charges more than \$250 each month
- 🌿 **Home Health Services**
- 🌿 **Inpatient Hospital Acute**
- 🌿 **Inpatient Hospital Psychiatric**
- 🌿 **Intensive Outpatient Program (IOP) Services**
- 🌿 **Opioid Treatment Program Services**
- 🌿 **Outpatient Diagnostic High-Tech Radiology** - PA not required for general X-Ray services
- 🌿 **Outpatient Diagnostic Procedures, Tests & Lab Services** - PA not required when rendered in nursing facility or in-network physician office
- 🌿 **Outpatient Hospital Services**
- 🌿 **Outpatient Observation Services**
- 🌿 **Part B Chemotherapy / Radiation Drugs** - Initial administration of covered drug
- 🌿 **Part B Chemotherapy / Radiation 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 Program**
- 🌿 **Prosthetics / Medical Supplies** - with billed charges more than \$250 each month
- 🌿 **Skilled Nursing Facility (SNF)**
- 🌿 **Telehealth Services**