

2020 Prior Authorization

Prior Authorization is required for the following Covered Services:

- **Inpatient Hospital Acute**
- **Inpatient Hospital Psychiatric**
- **Skilled Nursing Facility (SNF)**
- **Cardiac & Pulmonary Rehab Services**
- **Partial Hospitalization**
- **Home Health Services**
- **Outpatient Observations**
- **Outpatient Diagnostic/Therapeutic Radiology Services** (X-rays do not require authorization when rendered in a nursing facility or physician office)
- **Outpatient Hospital Services**
- **Ambulatory Surgical Center Services**
- **Non Emergency Ambulance Services**
- **Durable Medical Equipment (DME)** (with billed charges in excess of \$250 each month)
- **Prosthetics/Medical Supplies** (with billed charges in excess of \$250 each month)
- **Part B Drugs** (Only initial administration of chemo requires authorization)
- **Medicare Part B Chemotherapy Drugs** (drugs with billed charges in excess of \$250 each month)
- **Other Medicare Part B Drugs** (covered drugs with billed charges in excess of \$250 each month)



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.