

2020 Prior Authorization

Prior Authorizations are required for the following covered services (by service level) ❖

- **Inpatient Care** (including but not limited to: Inpatient Acute, Inpatient Psychiatric, etc.)
- **Skilled Nursing Facility** (Medicare required three midnight stay is waved)
- **Partial Hospitalization**
- **Outpatient Observation**
- **Outpatient Hospital Services**
- **Ambulatory Surgery Services**
- **Home Health Care**
- **DME, Prosthetics and Orthotics** (with billed charges in excess of \$250)
- **Diabetic Supplies** (with billed charges in excess of \$250)
- **Therapy Services** (Physical, Speech and Occupational Therapy)
- **Diagnostic Radiological Services** (e.g. High-Tech Radiology Services including but not limited to: MRI, MRA, PET, CTA, CT Scans and SPECT require prior authorization. **NOTE:** No authorization is required for Outpatient X-ray Services or Therapeutic Radiology Services.)
- **Ambulance Services** (Medicare covered non-emergency Ambulance transportation services)
- **Medicare Part B Chemotherapy Drugs** (Drugs with billed charges in excess of \$250)
- **Other Medicare Part B Drugs** (covered drugs with billed charges in excess of \$250)
- **Opioid Treatment Services**
- **Out-of-Network Providers** (including but not limited to: physicians, DME/Prosthetics suppliers, hospitals, laboratories, diagnostic tests and/or procedures, non-emergent ambulance, ambulatory surgery center, outpatient hospital, inpatient hospital, home health care, outpatient physical therapy, outpatient speech-language therapy, outpatient occupational therapy, outpatient hospital observation, skilled nursing facility, etc.)

❖ **NOTE:** No authorization is required for medically necessary emergent services, urgently needed care or out-of-area dialysis services provided by a Medicare-certified dialysis provider.

