

2020 Prior Authorization

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

- **ALL Inpatient** (Acute and Psych Inpatient)
- **Skilled Nursing Facility** (Medicare required three midnight stay is waived)
- **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 Xray 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** (physicians, DME suppliers, hospitals, laboratories, diagnostic tests and/or procedures, etc.)

