

PRIOR AUTHORIZATION LIST



Effective January 1, 2025

1) Important Information:

- (a) To verify benefit coverage, call 1-877-364-4566
- (b) Non-Participating providers must obtain authorization for ALL services listed with the exception of Emergent/Urgent needed services.
- (c) For items and services, please allow 72 hours for processing urgent requests
- (d) For items and services, please allow 14 days for processing non-urgent requests
- (e) For Part B Drugs, please allow 24 hours for processing urgent requests
- (f) For Part B Drugs, please allow 72 hours for processing non-urgent requests

Pharmacy Services: Refer to Optum Rx

Dental Services: Refer to Delta Dental

Vision Services (Optometry Services Only): Refer to EyeMed

Hearing Services: Refer to NationsHearing

Fitness: Refer to SilverSneakers™ Network

2) Utilization Management Department Contact Information:

- (a) Main Phone: 1-877-364-4566
- (b) Main Fax for Admissions: 866-611-1957
- (c) Main Fax for Outpatient Services: 866-613-0157

3) Participating Providers/Specialists:

No authorization is required for the following services:

- o Routine office visits
 - Routine labs performed during the office visits except for specialty labs
 - X-rays/ultrasounds/mammograms performed within the office setting
 - EKGs
 - Fracture care
 - Routine gynecology procedures
- o Preventive Screenings

PPO Members: When seeking care from an out-of-network provider, PPO members are not required to obtain prior authorization unless the item, service, or Part B medication is specified in the Prior Authorization is required table.

PRIOR AUTHORIZATION IS REQUIRED

Service Category	Par Provider
Admissions - Acute Inpatient and Post-Acute Inpatient: <ul style="list-style-type: none"> • Acute Care Hospitals • Acute Inpatient Rehabilitation • *Behavioral Health • Critical Access Hospitals • Long-term Acute Care Hospitals • Skilled Nursing Facilities 	Y
Abdominoplasty, Panniculectomy, Suction Lipectomy, Lipoabdominoplasty	Y
Acupuncture (We only cover acupuncture for chronic low back pain)	Y CSH covers up to 12 acupuncture treatments in 90 days for chronic low back pain without prior authorization. (Authorization is required for up to 8 additional visits).
Ambulance Services (Non-Emergent)	Y
Bariatric Surgery/Gastric Bypass/Lap Band-Gastric Adjustment	Y
Blepharoplasty and Repair of Blepharoptosis	Y
Breast Reconstruction	Y
Breast Reduction	Y
Capsule Endoscopy	Y
Chemotherapy	Y
Chimeric Antigen Receptor (CAR) T-cell Therapy	Y
Chiropractic Services (We cover only manual manipulation of the spine to correct subluxation)	Y (Authorization is required after 8 Visits)

Clinical Trials	Y
Cochlear Implantation/Device	Y
Dermabrasion	Y
Diagnostic and Therapeutic Procedures Related to Infertility or Sterility	Y
Durable Medical Equipment (DME) and Supplies (Quantity Limit Applies)	Y (Please refer to Durable Equipment List in this document)
Experimental and Investigational Procedures	Y
Gender Reassignment Surgery	Y
Gene Therapy	Y
Genetic and Molecular Lab Testing	Y
Home Health Services	Y (Authorization is required after 8 visits)
Home Infusion Therapy and other In-Home Therapy Services	Y
Hyperbaric Oxygen Therapy	Y
Implantable Wireless Pulmonary Artery Pressure Monitoring	Y
Implantation/Revision/Removal of Stimulators and/or Electrodes	Y
Inpatient Procedures not Listed on the Medicare Inpatient Procedures Only List	Y
Joint Arthroplasty: shoulder, elbow, hip, knee, ankle	Y
Mastectomy for Gynecomastia	Y
Medical Nutrition Therapy (Enteral Feeding)	Y

Termination of Pregnancy and Multi-fetal Pregnancy Reduction	Y
Observation Stay >23 Hours	Y
Orthognathic Surgery	Y
Orthotics and Prosthetics	Y
Pain Management Procedures (nerve blocks, ablation, spinal cord stimulators)	Y
Part B Medications	Y
Penile Implant/Prosthesis	Y
Photo Chemotherapy for Psoriasis	Y
Plastic Surgery/Cosmetic Procedure	Y (Based only on Medical Necessity)
Platelet-rich Plasma (PRP) Injection Therapy	Y
PT, OT, and ST After 8 Visits	Y (Authorization is required after 8 visits)
Septoplasty/Rhinoplasty	Y
Transplants – Evaluation and Work Up	Y
Unlisted Procedure Codes	Y
Uvulectomy / Palatopharyngoplasty / Laser Assisted Uvulopalatoplasty	Y
Varicose Vein Treatment / Surgery	Y
Ventricular Assist Devices	Y
Whirlpools/Whirlpool Bath Equipment	Y
Wound Clinic After 10 Visits	Y

***Admissions - Behavioral Health:** Prior authorization is not required for direct admissions from an Emergency Department, but notification within 48 hours of admission is required. Authorization is not required for crisis stabilization.

Urgent/emergent hospital admissions require notification at the time of admission or within 48 hours of admission.

Elective hospital admission requires prior authorization before admission and notification when admitted.

Durable Medical Equipment

The following require Prior Authorization:

- Airway clearance devices
- Bone growth stimulators
- Braces / splints over \$500
- Cardiac defibrillator (external only)
- Continuous glucose monitoring devices
- APAP, CPAP, BiPAP (rental and purchase)
- Cystic fibrosis vests
- DME supplies over \$500
- Electric Tumor Treatment Fields (TTF) device
- Home monitoring devices
- Home Phototherapy (UVB) light devices for treatment of Psoriasis
- Hospital beds and related supplies
- Insulin pumps
- Life sustaining nutritional therapies
- Mechanical stretching devices
- Patient lift equipment
- Prosthetics, including upper extremity, lower extremity, eye, face, etc., electronic speech aids
- Spinal traction devices
- TENS units and other e-Stim devices
- Walk-aid devices over \$500
- Wheelchairs and motorized scooters over \$500