



**Effective January 1, 2025**

## **Prior Authorization List**

### **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 DentaQuest

Vision Services (Optometry Services Only): Refer to EyeQuest

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:

- 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
- 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.



In the table below, Y (Yes) indicates an authorization is required

PRIOR AUTHORIZATION IS REQUIRED	
Service Category	Par Provider
Admissions - Acute Inpatient and Post-Acute Inpatient: <ul style="list-style-type: none"> <li>• Acute Care Hospitals</li> <li>• Acute Inpatient Rehabilitation</li> <li>• *Behavioral Health</li> <li>• Critical Access Hospitals</li> <li>• Long-term Acute Care Hospitals</li> <li>• Skilled Nursing Facilities</li> </ul>	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
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