

# Prior Authorization List

## PY2021

The Prior Authorization List represents services and medications that require preauthorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines at [www.cms.gov/medicare-coverage-database](http://www.cms.gov/medicare-coverage-database).

Prior authorization is **not** required for emergency or urgent care. Members **are** required to utilize contracted providers for all non-emergent services, unless prior authorization has been obtained.

**IMPORTANT – Prior Authorization is not a guarantee of benefits or payment at the time of service.**

<b>CFHP AUTHORIZATION LIST</b>	
<b>INPATIENT ACUTE</b>	Authorization required for all inpatient stays involving any level of acute or sub-acute care (LTAC), skilled nursing facilities, or rehabilitation facilities.
<b>INPATIENT HOSPITAL PSYCHIATRIC</b>	Authorization required for all inpatient psychiatric stays.
<b>SNF</b>	Authorization required for skilled nursing facility services.
<b>CARDIAC AND PULMONARY REHABILITATION SERVICES</b>	Authorization required for all cardiac and pulmonary rehabilitation services.
<b>PARTIAL HOSPITALIZATION</b>	Authorization required for admissions to behavioral health/substance abuse residential, partial hospitalization, and day programs including Intensive Outpatient Programs.
<b>HOME HEALTH SERVICES</b>	Authorization required for Home Health services.
<b>OCCUPATIONAL THERAPY</b>	Authorization required for Occupational Therapy services.
<b>PT AND SP SERVICES</b>	Authorization required for Physical Therapy and Speech Language Pathology Services.
<b>OUTPATIENT DIAG PROCS/TESTS/ LAB SERVICES</b>	Authorization required for certain outpatient procedures/tests/lab services (Bone growth stimulator, breast reconstruction - non-mastectomy, outpatient and office-based electrophysiology implants, lower extremities angiogram, cochlear and other auditory implants, cosmetic and reconstructive procedures, gender dysphoria treatment, hysterectomy, orthognathic surgery, potentially unproven services (including experimental/investigational and or linked services), Rhinoplasty, Sleep apnea procedures and surgeries, stimulators, transplant of tissues or organs prior to pre-treatment or evaluation, vein procedures, ventricular assist devices, Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen, Molecular diagnostic/genetic testing, Mohs micrographic surgery, other codes not listed in any category/unlisted/unspecified).
<b>Lab Services</b>	Authorization required for genetic testing.

## CFHP AUTHORIZATION LIST

<b>OUTPATIENT DIAG/ THERAPEUTIC RAD SERVICES</b>	<p>Authorization required for certain PET scans, nuclear medicine and nuclear cardiology procedures, MRI/MRA (if not ordered by Neurosurgeon or Orthopedic MDP SPECT, Three Dimensional (3D) Imaging/CTA (if not ordered by a cardiologist or cardiothoracic specialist), sleep studies and video EEG monitoring.</p> <p>Authorization required for Intensity modulated radiation therapy (IMRT); Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT).</p>
<b>OUTPATIENT HOSPITAL SERVICES</b>	<p>Authorization required for certain outpatient procedures/tests/lab services (Bone growth stimulator, breast reconstruction - non-mastectomy, outpatient and office-based electrophysiology implants, lower extremities angiogram, cochlear and other auditory implants, cosmetic and reconstructive procedures, gender dysphoria treatment, hysterectomy, orthognathic surgery, potentially unproven services (including experimental/investigational and or linked services), Rhinoplasty, Sleep apnea procedures and surgeries, stimulators, transplant of tissues or organs prior to pre-treatment or evaluation, vein procedures, ventricular assist devices, Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen, Molecular diagnostic/genetic testing, Mohs micrographic surgery, other codes not listed in any category/unlisted/unspecified).</p>
<b>ASC SERVICES</b>	<p>Authorization required for certain outpatient procedures/tests/lab services (Bone growth stimulator, breast reconstruction - non-mastectomy, outpatient and office-based electrophysiology implants, lower extremities angiogram, cochlear and other auditory implants, cosmetic and reconstructive procedures, gender dysphoria treatment, hysterectomy, orthognathic surgery, potentially unproven services (including experimental/investigational and or linked services), Rhinoplasty, Sleep apnea procedures and surgeries, stimulators, transplant of tissues or organs prior to pre-treatment or evaluation, vein procedures, ventricular assist devices, Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen, Molecular diagnostic/genetic testing, Mohs micrographic surgery, other codes not listed in any category/unlisted/unspecified).</p>
<b>AMBULANCE SERVICES</b>	<p>Authorization required for non-urgent ambulance transportation by air between specified locations.</p>
<b>DME</b>	<p>Authorization required for DME retail purchase or cumulative rental cost of more than \$1000.</p>
<b>PROSTHETICS/MEDICAL SUPPLIES</b>	<p>Authorization required for prosthetics/medical supplies with a retail purchase or a cumulative rental cost of more than \$1000.</p>
<b>MEAL BENEFIT</b>	<ol style="list-style-type: none"> <li>1. Medicare Advantage Standard Plan - up to 10 meals provided over 7 days during an inpatient admission.</li> <li>2. Medicare Advantage DSNP Standard Plan - up to 21 meals provided over 14 days during an inpatient admission.</li> </ol>
<b>MEDICARE PART B RX DRUGS</b>	<p>An authorization is required for drugs with billed charges over \$500 per dose.</p>