

MANAGED CARE PRIOR AUTHORIZATION REQUIREMENTS		
Hospitalization - Excludes 48/96 hour (legislated timeframe for delivery) maternity admissions		Yes
Non-Emergency Inpatient surgical procedures		Yes
Skilled Nursing Facility Stays		Yes
Rehabilitation Facility Stays		Yes
<b>Outpatient Services</b>		<b>Precert Yes/No</b>
Outpatient Surgical Procedures – Excludes colonoscopies, endoscopies and surgeries performed in an office setting		Yes
Cardiac Rehabilitation Therapy		Yes
<b>Behavioral Health Services</b>		<b>Precert Yes/No</b>
Inpatient BH/SA		Yes
<b>Other BH/SA Services</b>		
Intensive Outpatient Therapy	(IOP) if covered. Check the benefits section for coverage.	Yes
		Yes
Partial Hospitalization (PHO)	if covered. Check the benefits section for coverage	Yes
Residential Care (RTC)	if covered. Check the benefits section for coverage	Yes
<b>Other</b>		<b>Precert Yes/No</b>
Transplants		Yes
Home Health Care		Yes
Durable Medical Equipment (over \$1,500)		Yes
Genetic Testing/Molecular Pathology		Yes
Prosthetics and Orthotics (over \$750)		Yes
Sleep Disorder Testing		Yes
Infusion Therapy		Yes
Radiation Therapy		Yes
Advanced Imaging Services (MRI/MRA/CAT/PET/SPECT/Diagnostic mammograms) - Excludes preventive low dose CT scans		Yes
Specialty Pharmacy		Yes