

Core provider prior authorization list.

Network providers are required to request prior authorization.

Core prior authorization list

A–B:

- Arthroplasty (shoulder, elbow, hip, knee).
- Bariatric surgery.
- Behavioral Health Services - such as intensive outpatient, outpatient ECT, and psychologist testing
- Bone growth stimulator.
- Breast reconstruction, non-mastectomy.
- BRCA genetic testing program.

C–D:

- Cartilage implants.
- Clinical trials.
- Cochlear implants and other auditory implants.
- Cosmetic and reconstructive procedures.
- Durable Medical Equipment (DME) — greater than \$1,000.

G–M:

- Gender Dysphoria.
- Home health care — private-duty nursing.
- Injectable medications (Selected).
- Intensity Modulated Radiation Therapy (IMRT).
- MR-guided Focused Ultrasound (MRGFUS) to treat uterine fibroid.

N–O:

- Non-emergency transport — Air.
- Orthognathic surgery.
- Orthotics — greater than \$1,000.

P–R–S:

- Potentially unproven services.
- Prosthetics — greater than \$1,000.
- Proton beam therapy.
- Rhinoplasty.
- Sleep apnea procedures and surgeries.
- Sleep studies, facility based.
- Spinal stimulator for pain management.
- Spine surgeries.

T–V:

- Transplant of tissue or organs.
- Vagus nerve stimulation.
- Vein procedures.
- Ventricular assist devices.