

Examples of Medical Services that Require Prior Authorization	
<b>Inpatient Acute Hospital Admissions:</b> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Surgical</li> <li>• NICU</li> </ul>	<ul style="list-style-type: none"> <li>• Notification required within 24 hours of admission or next business day.</li> <li>• Clinical updates required with continued stay</li> </ul>
<b>Admissions:</b> <ul style="list-style-type: none"> <li>• Elective Procedures/Surgery</li> <li>• LTAC, Rehabilitation, SNF</li> <li>• Radiology Procedures Requiring Inpatient or Observation</li> <li>• All Bariatric Procedures</li> <li>• All Transplants, excluding cornea</li> </ul>	<ul style="list-style-type: none"> <li>• All elective admissions</li> <li>• Admission to any long-term acute care, rehabilitation or skilled nursing facility</li> <li>• Observation Stays Extending Beyond 48 hours</li> <li>• Including initial evaluation for Transplant</li> </ul>
<b>OB Services</b>	<ul style="list-style-type: none"> <li>• Induction of labor- if prior to 39 weeks gestation</li> <li>• Termination of pregnancy</li> <li>• Scheduled C-Section</li> </ul>
<b>Outpatient Bariatric Procedures</b>	
<b>Home Health Services</b>	<i>Determined by Coastal Care Services</i>
<b>Private Duty Nursing and Personal Care Services</b>	<ul style="list-style-type: none"> <li>• Private duty nursing for children age 20 or younger</li> <li>• Personal care services for children age 20 or younger</li> <li>• Clinical updates required with continued review, incorporate review requirements during review process</li> </ul>
<b>Intensive Cardiac and Pulmonary Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>
<b>Home Infusion / IVT</b>	<i>Determined by Coastal Care Services</i>
<b>Outpatient Therapy</b>	Physical / Occupational / Speech / Respiratory Therapies <ul style="list-style-type: none"> <li>• Prior authorization after initial evaluation up to twelve (12) visits</li> </ul>
Prescribed Pediatric Extended Care	<ul style="list-style-type: none"> <li>• Pediatric Day Care (Medically Fragile Children)</li> </ul>
<b>Advanced Imaging:</b>	<ul style="list-style-type: none"> <li>• CT/CTA</li> <li>• MRI/MRA</li> <li>• PET/SPECT</li> <li>• Nuclear Medicine Studies</li> <li>• Exclusions:               <ul style="list-style-type: none"> <li>• Imaging rendered in the following settings DOES NOT require prior authorization:</li> <li>• Emergency department</li> <li>• Inpatient setting</li> <li>• Observation unit</li> </ul> </li> </ul>

<b>Durable Medical Equipment (DME and Supplies)</b>	<i>Determined by Coastal Care Options</i>
<b>High Dollar Medications &amp; Pharmaceuticals (&gt;\$1000)</b>	Medications administered in office setting, otherwise through Pharmacy benefit
<b>Outpatient Chemotherapy treatment Facility Charge</b>	Prior authorization if in a clinic or office setting; or if done in an outpatient hospital setting
<b>All Cosmetic Surgery</b>	
<b>Any Experimental / Investigational</b>	
<b>Pain Management; Outpatient</b>	
<b>All non-participating providers (All OON services)</b>	<ul style="list-style-type: none"> <li>• <b>Inpatient</b></li> <li>• <b>Outpatient</b></li> </ul>
<b>Sleep studies –facility based</b>	<ul style="list-style-type: none"> <li>• <b>Facility based only</b></li> </ul>
<b>Molecular Diagnostics Testing (DNA and Genetic testing)</b>	
<b>Behavioral Health</b>	<i>Determined by Beacon Health Options</i>
<b>Pharmacy</b>	<b>See PDL</b>
<b>Transportation/Transfers</b>	Non-emergent Ground Ambulance Transport , Air Medical Transport (OneCall)
<b>Dental Procedures</b>	Those services that fall under the medical benefit (eg Orthognathic surgery)
<b>Shingles Vaccine for Enrollees ages 18-49</b>	<ul style="list-style-type: none"> <li>• Not required for Enrollees ages 50 and older</li> </ul>
<b>Pneumonia Vaccine for Enrollees ages 18-64</b>	<ul style="list-style-type: none"> <li>• Not required for Enrollees ages 65 and older</li> </ul>

\*All out-of-network physicians and hospital and ancillary service requests require prior authorization.

<b>Vision Services Require Prior Authorization (iCare Health Solutions)</b>	
<b>Cataract Extraction and Related Procedures</b>	
<b>Plastics</b>	<ul style="list-style-type: none"> <li>• Blepharoplasty</li> <li>• Repairs</li> <li>• Lesion Excision</li> </ul>
<b>Strabismus Surgery</b>	
<b>Corneal Related Procedures</b>	
<b>Yag Capsulotomies</b>	
<b>Miscellaneous</b>	<ul style="list-style-type: none"> <li>• Botox</li> <li>• Punctual Plugs</li> <li>• Fitting of Contact Lens for Treatment of ocular surface disease</li> <li>• EOG, I&amp;R</li> <li>• ERG, I&amp;R</li> <li>• Anterior Segment Imaging</li> <li>• Visual Evoked Potential</li> </ul>

<b>DME and Home Health Services Require Prior Authorization (Coastal Care Services)</b>	
<b>Durable Medical Equipment (DME and Supplies)</b>	<i>Determined by Coastal Care Options</i>
<b>Home Infusion / IVT</b>	<i>Determined by Coastal Care Options</i>
<b>Home Health Services</b>	<i>Determined by Coastal Care Options</i>