

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

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

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

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

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