

Medical Inpatient Services

Services	Effective Date of PA	Term Date of PA	Comments
Inpatient Admissions	1/1/1900		
Neonatal ICU Admissions	5/1/2011		
Hospice (Inpatient only)	1/1/1900		
Skilled Nursing Facilities	1/1/1900		
Long Term Acute Care (LTAC)	1/1/1900		
Inpatient Rehabilitation	1/1/1900		

Procedures/Services

Endometrial Ablation	7/5/2011		
Bariatric Surgery	7/5/2011		
Panniculectomy	7/5/2011		
Blepharoplasty/Browplasty	7/5/2011		
Breast Surgery for Augmentation or Reduction	7/5/2011		
Hysterectomy (standalone)	7/5/2011	5/1/2024	
Non-Emergent Air Ambulance Transportation	1/1/2018		
Hyperbaric Treatments	6/30/2014		
Pain Management	3/1/2012		Please check benefits to determine group-specific prior authorization requirements.
Varicose Vein Procedures	7/5/2011	5/1/2024	
23 hour Observation (elective, direct admit from MD, or transfers)	1/1/1900	5/1/2024	
Neuropsychological Testing	1/1/2012		
Spine Surgery	3/1/2012		Please check benefits to determine group-specific prior authorization requirements.
Joint Surgery (Hip, Knee, Shoulder)	3/1/2012		Please check benefits to determine group-specific prior authorization requirements.
Transplants	1/1/1900		
Gender Reassignment Surgery	1/1/2016		
Hospice (Outpatient)	1/1/1900	5/1/2024	
Radiation Oncology Therapy Program	4/1/2019		Please check benefits to determine group-specific prior authorization requirements.

Behavioral Health			
Services	Effective Date of PA	Term Date of PA	Comments
Inpatient Admissions	1/1/1900		
Residential Treatment (RES)	1/1/1900		
Partial Hospitalization (PHP)	1/1/1900		
Intensive Outpatient Program (IOP)	1/1/1900		
Transcranial Magnetic Stimulation (TMS)	4/1/2015		
Psychological Testing	1/1/1900		
Neuropsychological Testing	1/1/2021		
Applied Behavior Analysis (ABA)	1/1/2018 (FEP 1/1/2017)		
Electroconvulsive Therapy (ECT)	1/1/1900	5/1/2024	
Ancillary Services			
DME >\$500	1/1/1900	5/1/2024	
DME >\$1,000	5/1/2024		
Home Health Visits	1/1/1900		Please check benefits to determine group-specific prior authorization requirements.
Physical Therapy	1/1/1900		Please check benefits to determine group-specific prior authorization requirements.
Occupational Therapy	1/1/1900		Please check benefits to determine group-specific prior authorization requirements.
Speech Therapy	1/1/1900		Please check benefits to determine group-specific prior authorization requirements.
Diagnostic Testing			
Genetic Testing	6/1/2018		Please check benefits to determine group-specific prior authorization requirements.
High-Tech Imaging	6/1/2010		Please check benefits to determine group-specific prior authorization requirements.
Lab Sleep Studies (for 18 years or older)	10/1/2021		Please check benefits to determine group-specific prior authorization requirements.