

PRIOR AUTHORIZATION DOCUMENT REQUIREMENTS – Effective 01/2021

Covered Service	Document Requirements
Admissions to facilities (including transfers between separate facilities, even if within the same hospital system)	Notification and clinical documentation supporting medical necessity for admission within 24 hours of notification.
Ambulance/Transportation	Progress notes from the last 24 hours prior to transport, recent history and physical, letter of medical necessity and physician order including medical records supporting rationale for transport.
Bariatric Surgery (may not be a covered benefit on all programs)	History and physical, documentation of medical necessity, nutritional evaluation, psychological evaluation, weight loss attempts, social supports.
Behavioral Health Services	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s).
Cardiac Imaging (Nuclear studies, ECG, ECHOs, MRI, MRA, CT, CTA, PET, PET/CT, Electron beam CT)	Physician's order, specific tests being ordered and documentation to support medical necessity for the test.
Dental Procedures (may not be a covered benefit on all programs)	Documentation of treatment plan, all related dental imaging and procedures, signed parent or guardian consent, completed Criteria for Dental Therapy Under General Anesthesia form.
Durable Medical Equipment (DME) and Prostheses	History and physical or clinical notes, including anticipated length of use, Title XIX form, plan of care, and documentation of medical necessity, Past experience if any using similar equipment, evaluation of upper extremity strength, if applicable.
Genetic/Molecular Testing	Recent history and physical, family history and documentation of medical necessity.
Home Health Care (SN, HHA, PT/OT/ST)	Recent history and physical, chart notes and valid order from ordering physician, plan of care, therapy evaluation, progress notes for continuation of services and documentation of medical necessity.
Hyperbaric Oxygen Therapy (HBOT)	Documentation of medical necessity, history and physical, number of treatments.
Injectable Drugs	Recent history and physical, plan of care, documentation of medical necessity, codes and units.
Laboratory Testing	History and physical, documentation of medical necessity, physician order for specific test, clinical documentation supporting testing.
Outpatient Procedures/Surgeries	Pre-operative evaluation, history and physical including functional impairment and operative report, documentation of medical necessity.
Pain Management Procedures	Documentation of medical necessity, history and physical, previous failed treatments.

Covered Service	Document Requirements
Pregnancy Services <ul style="list-style-type: none"> • Terminations/Abortions • For OBs who are not MFM specialists, authorization required for: <ul style="list-style-type: none"> ○ Use of 17-P ○ More than two (2) NSTs or BPPs (with or without NST) ○ More than two (2) ultrasounds (except nuchal translucency, CPT 76813) 	Documentation of medical necessity, history and physical, completion of appropriate request form.
Proton Beam Radiation Therapy	Recent history and physical, plan of care, and documentation of medical necessity.
Radiology/Imaging Services (members 21 years and over)	History and physical, documentation of medical necessity, anatomical location, results of previous diagnostics procedure report.
Reconstructive/Plastic Surgery/Possible Cosmetic Procedures	Pre-operative evaluation, documentation of medical necessity, history and physical including functional impairment, and operative report.
Rehabilitative/Habilitative Services	Recent history and physical, plan of care, documentation of medical necessity, therapy evaluation with prior and current level of function and progress notes for continuation of services.
Transplantation	If transplant approval on record: Date of transplant If no transplant approval: history and physical, documentation of medical necessity, transplant evaluation, and date of transplant.
Wound Care Services	History and physical, documentation of medical necessity, wound description and measurements, prior wound treatments.