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## Quick Reference Guide

MEDICAL NOTIFICATION & PRIOR APPROVAL  
REQUIREMENTS 2025

Clarification update: 11.1.2024



## Prior Approval Required:

Note: Code-specific requirements are available through our on-line authorization platform.

Category	Service
<b>Advanced Diagnostic Imaging</b>	Including CT, MRI, PET Scans. This is not an all-inclusive list.
<b>Allergy Testing</b>	Including IgG, IgE testing, Leukocyte Histamine Release (LHRT), Conjunctival Challenge Test (ophthalmic mucous membrane test), direct nasal mucous membrane testing.
<b>Ambulance/Air Transportation Services</b>	Non-emergent ground and fixed-wing air ambulance transports require Prior Authorization.  No prior authorization is required for emergent ground ambulance, hospital to hospital transfers or fixed-wing air ambulance transportation.
<b>Anesthesia</b>	Anesthesia does not require separate Prior Approval, but an approved procedure must be on file for the date of service for the submitted anesthesia claim or the anesthesia claim will be denied.
<b>Behavioral Health Services</b>	Please refer to the <a href="#">Quick Reference Guide: Behavioral Health Services Prior Approval &amp; Notification Requirements</a> for further details.
<b>Cardiac Surgery/ Cardiovascular Services</b>	Percutaneous Transluminal Septal Myocardial Ablation, Therapeutic apheresis, with extracorporeal selective adsorption or selective filtration and plasma reinfusion, Transcatheter Aortic Valve Replacement.
<b>Cardiac Testing</b>	Cardiac diagnostic testing requires Prior Approval. Code-specific requirements are available through our on-line authorization platform.
<b>Chemotherapy</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Colonoscopy</b>	Includes screening exams, diagnostic exams and laboratory studies.
<b>Dental and Orthognathic Related Services</b>	All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review.
<b>Dermatology Services</b>	All potentially cosmetic procedures regardless of place of service.
<b>Dialysis</b>	End stage renal disease (ESRD) outpatient dialysis services.
<b>Durable Medical Equipment</b>	See Separate <a href="#">Quick Reference Guide: Durable Medical Equipment Prior Approval Requirements</a> .
<b>Elective inpatient procedures/admissions</b>	Notification is required within 48 hours of all acute inpatient admissions. Elective procedures require Prior Approval before the scheduled procedure date.

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Effective 1/1/2025.



Category	Service
<b>Experimental or Investigational Services, including potentially Experimental or Investigational</b>	<p>Experimental, investigational, new procedures without proven effectiveness, miscellaneous codes, and Category III codes are generally non-covered.</p> <p>All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review.</p>
<b>Gastroenterology and General Surgery</b>	<ul style="list-style-type: none"> <li>• Abdominoplasty</li> <li>• Breast related procedures</li> <li>• EGD (esophagogastroduodenoscopy)/ Upper Endoscopy</li> <li>• Obesity-related (e.g., bariatric) surgeries</li> <li>• Treatment of varicose veins</li> </ul>
<b>Genetic Testing</b>	<p>Genetic Testing, Molecular Diagnostics, Pharmacogenetic Testing. Some exclusions apply.</p> <p>All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review.</p>
<b>Genitourinary Services</b>	<p>Code-specific requirements are available through our on-line authorization platform.</p>
<b>Hearing Devices</b>	<p>Cochlear implants require Prior Approval (refer to Member Benefit Agreement or Summary Plan Description for coverage).</p> <p>Hearing Aids do not require Prior Approval but are subject to benefit limit (refer to Member Benefit Agreement or Summary Plan Description for coverage).</p>
<b>Home Health Services</b>	<p><b>W000000</b> <a href="#">E000000</a></p> <p>Indicate type of service(s) being requested (e.g, SN, PT, OT, ST, HHA, SW, MD, NP, PA ).</p>
<b>Home Infusion Therapy</b>	<p>Prior Approval required. Please submit the <a href="#">Medication Prior Approval form</a>.</p> <p>Health Options encourages home infusions when medically appropriate.</p> <p><a href="#">Quick Reference Guide Medications (Medical Benefit) Prior Approval Requirements 2023</a>.</p>
<b>Hospice/Hospice Respite Care</b>	<p>Please refer to Member's Benefit Agreement or Summary Plan Description, as applicable for coverage details.</p>
<b>Infusion/Injectable</b>	<p>Select Medical Benefit drugs and biologicals. <a href="#">Please submit the Medication Prior Approval form</a>.</p> <p>If the medication is dispensed by a pharmacy, please submit applicable authorization requests to Express Scripts.</p> <p>Express Scripts Fax: (877) 329-3760, Phone (800) 753-2851</p> <p>Portal: <a href="https://client.medco.com/CWSCommonService/Login">https://client.medco.com/CWSCommonService/Login</a></p>

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Category	Service
<b>Laboratory Tests/ Procedures</b>	<p>Below is a list of lab categories that generally require Prior Approval (not all inclusive). Code-specific requirements are available through our on-line authorization platform.</p> <ul style="list-style-type: none"> <li>• Allergen Specific IGE/IGG</li> <li>• Urine Drug Testing (see Urine Drug Testing for details)</li> <li>• Genetic Testing</li> <li>• Molecular Pathology Procedure</li> <li>• Unlisted Lab Codes</li> </ul>
<b>Long Term Acute Care Hospital (LTACH)</b>	Admission to LTACH requires pre-service Prior Approval. Prior Approval is required before transport/transfer to LTACH.
<b>Neurosurgical Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Nuclear Studies</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Ophthalmology Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Orthopedic Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Outpatient Services (all procedures, surgeries and services performed in an outpatient setting or Ambulatory Surgical Unit)</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Pain Management Services</b>	Code-specific requirements are available through our on-line authorization platform.
<b>Parenteral and Enteral Therapy Services</b>	Code-specific requirements are available through our on-line authorization platform.

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Category	Service
<b>Potentially Cosmetic</b>	<p>Surgery/procedures done for cosmetic reasons only are not covered. Includes associated screening, diagnostic exam and laboratory tests.</p> <p>Reconstructive surgery and potentially cosmetic procedures require Prior Approval to include but not limited to:</p> <ul style="list-style-type: none"> <li>• Eye procedures (blepharoplasty, blepharoptosis repair, ptosis repair)</li> <li>• Breast reconstruction/reduction</li> <li>• Panniculectomy and/or removal of excess skin/tissue</li> <li>• Congenital chest deformity repair (pectus carinatum, pectus excavatum, Poland syndrome)</li> <li>• Nasal procedures (rhinoplasty, septoplasty, rhinophyma treatment)</li> <li>• Removal of breast implants</li> <li>• Skin procedures (scar revisions, treatment of hemangiomas and port wine stains)</li> </ul>
<b>Unlisted Procedure Codes</b>	<p>All unlisted procedure codes require Prior Approval.</p>
<b>Wound Care Clinic Services</b>	<p>Code-specific requirements are available through our on-line authorization platform.</p>
<b>Wound Care Products and Procedure</b>	<p>Code-specific requirements are available through our on-line authorization platform.</p>

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