This guide does NOT identify all covered benefits. All requests for prior authorization require submission of supporting clinical records.

**Admissions to facilities** (including transfers between separate facilities, even if within the same hospital system)
- Surgical and nonsurgical
- Rehabilitation facility
- Skilled Nursing facility
- Inpatient hospice
- Maternity and newborn stays that exceed two days for vaginal delivery or four days for Cesarean section delivery

**Ambulance/Transportation**
- Out-of-network ambulance services
- Out-of-area transfers
- Non-emergency ground all air transportation
- Facility to facility transfers

**Bariatric Surgery (may not be a covered benefit on all products)**
- All weight loss procedures
- All procedures related to reversal, revision or complications as a result of weight loss surgery

**Behavioral Health Services (including substance abuse)**
- Health Insurance Marketplace
  - Call Beacon Health Options at 1.855.539.5881, fax authorization requests to 855-371-9227

- Medicaid and CHIP
  - Call Beacon Health Options at 1.877.343.3108, fax authorization requests to 855-371-9227

- ERS
  - Call Beacon Health Options at 1.844.265.7587, fax authorization requests to 855-371-9227

**Cardiac Services**
- Cardiac imaging
  - Nuclear studies (including nuclear stress tests)
  - Echocardiograms (transthoracic and/or trans esophageal, including stress ECHOs)
  - Cardiac MR, MRA, CT, CTA, PET or PET/CT
  - Electron-beam CT/calcium scoring
**Dental Procedures**
- Facility, anesthesia and related medical services for dental care
- Orthognathic and other oral surgery procedures

**Durable Medical Equipment (DME) and Prostheses**
- Cochlear implants
- CPAP machines, purchased or rented
- CPM machines for home use
- Canned nutritionals
- Cranial molding helmets/bands
- Custom braces
- Diabetic supplies or other supplies exceeding the amount needed for 30 days or as specified in the product benefit
- Hearing aids and amplifiers
- Limb prostheses
- Wheelchairs/Scooters
- Any other items when the purchase price exceeds $500 regardless of whether the item is being purchased or rented

**Genetic/Molecular Testing, except:**
- Karyotype/chromosomes, and/or FISH when ordered by a Maternal Fetal Medicine specialist
- Cystic Fibrosis screening (not full sequencing)

**Home Health Care including, but not limited to:**
- All nursing services
- Home infusion therapy
- Rehabilitative/habilitative services

**Hospice**
- Inpatient and home based hospice care

**Hyperbaric Therapy**

**Investigational/Experimental Protocols**

**Injectable Drugs:**
- Injectable drugs >$500 AWP given in a provider’s office, clinic setting, infusion suite or home unless self-administered
- Please check the formulary under the pharmacy benefit for prior authorization of self-administered drugs.
Laboratory Testing
- Out-of-network laboratory services
- Genetic testing
- Tumor marker testing

Nutritional/Dietetic Counseling

Out-of-Area Services

Out-of-Network Services (except emergencies)

Outpatient Procedures/Surgeries
- Balloon sinuplasty
- Biofeedback (all)
- Cardiac devices including implantable defibrillators, defibrillator vests, cardiac resynchronization therapy, and ventricular assist devices
- Circumcision if over one year of age
- Colonoscopy (if under 50 years of age or <5 years since last colonoscopy)
- Destruction/Removal of benign skin lesion
- GI tract imaging by capsule endoscopy
- Hysterectomy
- Joint lubrication injections such as Synvisc® or Hyalgan®
- Osteochondral allograft or autologous chondrocyte implantation
- Spinal procedures including artificial intervertebral disc replacement, spinal fusion, and vertebroplasty/kyphoplasty
- Temporomandibular joint (TMJ) surgery
- Tonsillectomy and Adenoidectomy
- Umbilical hernia surgery if under 5 years of age
- Uvulopalatopharyngoplasty (UPPP), including laser-assisted procedures, or other surgeries for obstructive sleep apnea
- Varicose vein procedures

Pain Management Procedures including, but not limited to:
- External or implanted infusion pumps or stimulator devices
- Epidural steroid injections, and
- Trigger-point injections

Pregnancy Services
- Terminations/Abortions
- For OBs who are not MFM specialists, authorization is required for:
  - Use of 17-P
  - Amniocentesis if <35 years of age at EDC
  - More than 2 NSTs or BPPs (with or without NST) per pregnancy
  - More than 2 ultrasounds per pregnancy
Proton Beam Radiation Therapy

Radiology/Imaging Services (when done in any place of service except inpatient, emergency room, or observation bed status)
- Breast tomosynthesis/3D mammography
- CT Scans, including CT angiography and electron-beam CT scanning (coronary artery imaging)
- MRA
- MRI
- PET Scan
- Nuclear stress test, SPECT Scans
- Stress echocardiography

Reconstructive/Plastic Surgery/Possible Cosmetic Procedures
- Such as abdominoplasty, blepharoplasty, breast procedures, craniofacial surgery, liposuction, otoplasty, rhinoplasty, septoplasty, etc.

Rehabilitative/Habilitative Services
- All Speech Therapy services, including initial evaluations
- Physical and Occupational Therapy services, except initial evaluation and re-evaluations
- All Chiropractic services
- ABA therapy
  - See Behavioral Health Services for Beacon Health Options contact and fax information

Transplantation
- All transplant services, including transplant evaluation
- All organ and tissue transplants

Wound Care Services
- Wound care center referral
- Wound vacuum devices
- Specialized wound dressings