

# Prior Authorization Guide

*Emergent Care does not require prior authorization for services*

<b>ELECTIVE INPATIENT ADMISSIONS</b>	
Elective admissions – not limited to: <ul style="list-style-type: none"> <li>• Acute rehabilitation facility</li> <li>• Behavioral health and substance abuse facility</li> </ul>	<ul style="list-style-type: none"> <li>• Hospice</li> <li>• Hospital</li> <li>• Long Term Acute Care</li> <li>• Skilled Nursing Facility</li> <li>• Scheduled Hospitalizations</li> </ul>
<b>OUT-OF-AREA (OOA) SERVICES</b>	
<ul style="list-style-type: none"> <li>• <b>OOA</b> – All services outside of San Diego County</li> </ul>	
<b>OUTPATIENT PROCEDURES/SERVICES/EQUIPMENT</b>	
<ul style="list-style-type: none"> <li>• <b>AMBULANCE</b> <ul style="list-style-type: none"> <li>○ Non-emergency air or ground transportation</li> </ul> </li> <li>• <b>BARIATRIC SURGERY AND CARE</b></li> <li>• <b>BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</b></li> <li>• <b>BLOOD PRODUCTS</b></li> <li>• <b>CARDIAC REHABILITATION</b></li> <li>• <b>CHEMOTHERAPY</b></li> <li>• <b>COSMETIC SERVICES</b></li> <li>• <b>CYBERKNIFE</b></li> <li>• <b>DENTAL</b> – consultations and procedures that are covered under medical benefit</li> <li>• <b>DERMATOLOGY</b> <ul style="list-style-type: none"> <li>○ Dermabrasion/chemical peel</li> <li>○ Chemical exfoliation and electrolysis</li> <li>○ Laser treatment</li> <li>○ Skin injections and implants</li> </ul> </li> <li>• <b>DURABLE MEDICAL EQUIPMENT (DME)</b> <ul style="list-style-type: none"> <li>○ Diabetic supplies – test strips</li> </ul> </li> <li>• <b>EXPERIMENTAL/INVESTIGATIONAL SERVICES/CLINICAL TRAILS AND NEW TECHNOLOGIES</b></li> <li>• <b>HEARING AIDS</b></li> <li>• <b>HOME HEALTH SERVICES</b></li> <li>• <b>INFERTILITY SERVICES</b> <ul style="list-style-type: none"> <li>○ GIFT/ZIFT/In vitro fertilization is excluded from coverage</li> </ul> </li> <li>• <b>INFUSION THERAPY</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>INTENSITY MODULATED RADIATION THERAPY (IMRT)</b></li> <li>• <b>NEURO AND SPINAL CORD STIMULATOR</b></li> <li>• <b>ORTHOTICS</b></li> <li>• <b>OUTPATIENT DIAGNOSTIC TESTS</b> <ul style="list-style-type: none"> <li>○ CT</li> <li>○ MRI/MRA</li> <li>○ Nuclear Cardiology</li> <li>○ PET</li> </ul> </li> <li>• <b>SURGICAL PROCEDURES</b> <ul style="list-style-type: none"> <li>○ All procedures done at freestanding surgery center or outpatient department of hospital</li> <li>○ Blepharoplasty</li> </ul> </li> <li>• <b>PHYSICAL THERAPY</b></li> <li>• <b>PROSTHETICS</b></li> <li>• <b>PROTON THERAPY</b></li> <li>• <b>PULMONARY REHABILITATION</b></li> <li>• <b>OCCUPATIONAL THERAPY</b></li> <li>• <b>RADIATION THERAPY</b></li> <li>• <b>SECOND OPINION</b> (out-of-network)</li> <li>• <b>SPEECH THERAPY</b></li> <li>• <b>SOME SPECIALTY CARE REFERRALS</b></li> <li>• <b>STEREOTACTIC RADIOSURGERY AND STEREOTACTIC BODY RADIOTHERAPY (SBRT)</b></li> <li>• <b>TRANSGENDER SERVICES</b></li> <li>• <b>TRANSPLANT RELATED SERVICES</b></li> </ul>