

### **Services Requiring Preauthorization**

Angioplasty  
Cardiac Catheterization  
Cardiac/Pulmonary Rehabilitation  
CT Scans  
DEXA Scans  
Diabetic Counseling  
Dialysis  
Durable Medical Equipment  
Endoscopy (Bronchoscopy, Colonoscopy, Upper GI Endoscopy)  
Home Health Care (nursing, infusion, respiratory, etc.)  
Hospice Care  
Hospital Observation Stays (twenty-three (23) hour, short stays, etc.)  
Infertility Treatment (depending on benefit)  
Inpatient Hospital Care – All Elective, Urgent & Emergent admissions  
Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiogram (MRA)/PET Scan  
Maternity – two (2) Authorizations; one (1) for prenatal care and one (1) for the Inpatient stay upon delivery  
Non-emergency Ambulance Transportation  
Nonimplanted Prosthetic Devices  
Outpatient Surgery - All Procedures (Hospital or Freestanding Surgical Center)  
Pain Management Services/Program, including Epidural Steroid Injections  
Polysomnograms (Sleep Apnea Studies)  
Pregnancy Ultrasounds Beyond two (2) (applies to high risk patients)  
Rehabilitative Services (Inpatient and Outpatient)  
Self-injectable drugs, if covered under Medical and Surgical benefits instead of Prescription Drug benefits (See Section 9 of the *Evidence of Coverage* for further explanation)  
Services Performed by a non-participating provider (for HMO members only; POS members must have Authorization for these providers in order to have In-Network benefits)  
Sigmoidoscopy (if performed in hospital)  
Skilled Nursing Facility Care  
Therapies (physical, occupational, speech)  
Transplant Evaluations/Transplants

#### **\*Mental Health & Substance Abuse Services**

Inpatient Mental Health Care  
Inpatient Substance Abuse Care  
Outpatient Mental Health Services  
Outpatient Substance Abuse Rehabilitation Services

\*Preauthorization must be requested from the contracted mental health vendor for the region in which the member is located as listed in the Directory of Health Care Providers and on the front of the member's ID card. Procedures for Preauthorization of mental health/substance abuse services are described in Section 8 of the *Evidence of Coverage*.