

Medicare Advantage

Prior Authorization List



To receive coverage for services or equipment below, you must receive approval from the plan. Requests must be made at least three (3) business days in advance. This list does not guarantee eligibility or coverage; services must be medically necessary and available under your plan. The provider is responsible for obtaining the prior authorization. Select services provided by Sanford providers are waived for prior authorization and identified below.

Effective November 1, 2022

Procedure or Service	Comments
Admissions (Notification Only)	Admissions include: <ul style="list-style-type: none"> Inpatient Medical, Mental Health or Substance Use/Abuse
Admissions	Admissions include: <ul style="list-style-type: none"> Inpatient Rehabilitation Long Term Acute Care Facility Residential Treatment Skilled Nursing Facility Swing Bed Inpatient Surgical (Elective)
Ambulance Services	Air ambulance services
Clinical Trials	All clinical trials
Durable Medical Equipment (DME)	Includes but is not limited to: <ul style="list-style-type: none"> Airway Clearance Device DME greater than \$10,000 (billed charges) Home DME Phototherapy Device Hospital or Specialty Beds Select Orthotics and Prosthetics Pneumatic Compression with External Pump Power Wheelchairs and Accessories Prosthetic Limbs Scoters
Home Health	Home Health Services include: <ul style="list-style-type: none"> Home Health Services
Implants/Stimulators	Implants and Stimulators include: <ul style="list-style-type: none"> Cochlear Implant (Device and Procedure) Deep Brain Stimulation External Electrical Bone Growth Gastric Stimulator Spinal Cord Stimulator (Device and Procedure) Vagus Nerve Stimulator
Oncology (Cancer) Services and Treatment	All chemotherapy and radiation therapy For Providers: Please go to eviti.com to request authorization.

Procedure or Service	Comments
Outpatient Services	<p>Outpatient services include but is not limited to:</p> <ul style="list-style-type: none"> • Applied Behavioral Analysis (ABA) • Botox (Non-cosmetic) • Brachytherapy • Chelation Therapy • Facet Joint Injection • Genetic Testing • Hyperbaric Oxygen Therapy • Medical Nutrition • Neuromuscular Electrical Stimulation • Radiofrequency Ablation • Tissue Engineered Skin Substitute
Outpatient Surgery	<p>Outpatient surgery includes but is not limited to:</p> <ul style="list-style-type: none"> • Abdominoplasty or Panniculectomy • Bariatric Surgery • Blepharoplasty • Breast Implant Removal, Revision or Re-implantation • Breast Reconstruction and Mastectomy • Endoscopic Sinus Surgery • Functional Endoscopic Sinus Surgery (FESS) • Mammoplasty • Orthognathic Surgery • Reconstructive Surgery (Non-cosmetic) • Rhinoplasty • Scar Revision • Septoplasty • Trabeculoplasty and Trabeculectomy (Laser) • Temporomandibular Joint (TMJ) • Turbinate Resection • Vestibuloplasty
Spine (Back) surgery	All inpatient and outpatient spine surgery
Transplants	Includes transplant evaluation and all transplant services
Transportation	Non-urgent ground or air transportation

For complete prior authorization information, please refer to your plan documents located in the secure member portal at **align.sanfordhealthplan.com**. Please refer to the formulary for medications that require prior authorization.



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