

**PruittHealth Premier
 Prior Authorization Chart**

Service Type	Requirement	Notes
<u>Hospitalization</u> : Inpatient Emergent (Medical and Psychiatric)	Notification	Within 1 business day.
<u>Hospitalization</u> : Inpatient Elective (Medical and Psychiatric)	Prior Authorization	
<u>Hospitalization</u> : Partial Day	Prior Authorization	
<u>Hospitalization</u> : Observation	Prior Authorization	
Ambulatory Surgery Center	Prior Authorization	
Cardiac and Pulmonary Rehab Services	Prior Authorization	
Certain Prescription Drugs	Prior Authorization	Limited number of drugs require authorization.
Chiropractic Services	Prior Authorization	
Medicare Dental Coverage	Prior Authorization	Preventive & Supplemental - No authorization required.
Diabetic Supplies/Services	No Authorization Required	
Dialysis	Prior Authorization	
Durable Medical Equipment	Prior Authorization	See list
Genetic Testing/Screening Labs	Prior Authorization	
Hearing Aids	Prior Authorization	
Home Health Services	Prior Authorization	
Laboratory Services	No Authorization Required	
Medicare Part B Drugs and Step Therapy	Prior Authorization	For chemotherapy: Only initial administration requires authorization.
Mental Health Specialty Services	Prior Authorization	
Opioid Treatment Services	Prior Authorization	
All Out of Network Services	Prior Approval Required	
Outpatient Diagnostic Procedures and Tests	Prior Authorization	No Authorization required when services are rendered in a Nursing Facility or Physician Office.
Outpatient Diagnostic/Therapeutic Radiology	Prior Authorization	Authorization exception: X-rays and ultrasounds do not require authorization when service rendered in Nursing Facility, hospital, or physician office. Authorization required for diagnostic radiological services. Authorization required for therapeutic radiological services.
Outpatient Hospital Services	Prior Authorization	

Service Type	Requirement	Notes
Prosthetics/Medical Supplies	Prior Authorization	
<u>Part A Skilled Nursing Facility Services</u> - Skill in Place or Treat in Place services	Prior Authorization	
<u>Part A Skilled Nursing Facility: Post-Acute</u>	Prior Authorization	See List
<u>Part B Therapy</u> - Occupational, Physical or Speech Therapy Services	Prior Authorization	See List
Specialist Services	Prior Authorization	Authorization is only required for certain surgeries and radiology procedures.
Substance Abuse Services	Prior Authorization	
Telehealth	Referral	PCP & Specialist
DATE: January 2021		