

Prior Authorization List—Standard

Effective January 1, 2024

- Abdominoplasty/panniculectomy
- Ambulance (non-urgent air)
- Bariatric surgery
- Blepharoplasty and eyebrow lift/brow-ptosis
- Breast reconstruction surgeries
 - Breast implant surgeries
 - Gynecomastia surgery
 - Reduction mammoplasty, female
- Cardiac imaging and procedures (echo, echo stress, cardiac rhythm implantable devices, myocardial perfusion imaging, nuclear medicine, diagnostic heart catheterization)
- Chiropractic* and massage therapy
- Clinical trials, phase I, II, III and IV
- Cosmetic and reconstructive surgery
- Dental services (if done in a facility rather than in a provider's office)
- DME (select**; see DME prior authorization list)
- Endothelial keratoplasty
- Experimental and investigational services
- Gender affirmation procedures
- Genetic testing (including molecular diagnostics)-select**
- Hyperbaric oxygen therapy
- Imaging
 - CT, CTA, MRI, MRA, PET, 3D***
- Infertility (all diagnostic tests, medications, treatments, etc.)
- Implantable Nerve Stimulators-select**
- Interventional pain management
- Joint surgery-select**
- Laser treatment of psoriasis
- Oncology pathways****
- Out-of-network referral for HMO
- Peripheral vascular interventions: arterial and venous-select**
- Port wine stain removal
- Post-Acute Care admission (Skilled Care Facility, Inpatient Rehab Facility, Long-Term Acute Care)
- Radiation therapy, including but not limited to:
 - Proton beam therapy
 - Stereotactic radiosurgery
- Rehabilitative therapies
 - Occupational therapy
 - Physical therapy
 - Speech therapy
- Select surgical procedures requiring an elective inpatient stay may require prior authorization**
- Sleep diagnostics, evaluations and supplies
- Specialty pharmacy (including home infusion drugs)-select**
- Spine surgery-select**
- Transcranial magnetic stimulation (TMS) treatment
- Transplant services
- Inpatient admission to an acute care hospital or facility - notification to Health Alliance™ is required upon admission
- Uvulopalatopharyngoplasty (UPPP)
- Vision therapy

NOTE: This narrative list is a reference for prior authorization categories only. To determine if a specific service/item is covered or how it is covered, please contact the customer service number on the back of the member's identification card or visit YourHealthAlliance.org for providers.

*Groups with a maximum annual dollar or visit limit will not require prior authorization.

**See YourHealthAlliance.org for providers for specific CPT/HCPCS codes within this category.

***3D mammography does not require prior authorization.

****Chemotherapy initiated while the member is in an inpatient facility does not require prior authorization.