

Prior Authorizations / Referrals



A Prior Authorization and/or a Referral is required for the following covered services in plan year 2021:

	Authorization Required	Referral Required
Inpatient Hospital Care	✓	
Inpatient Mental Health Care	✓	
Mental Health and Psychiatric Services*	✓	
Skilled Nursing Facility (SNF) Care*	✓	
Partial Hospitalization	✓	
Home Health Services	✓	✓
Physical, Speech and Occupational Therapy*	✓	
Durable Medical Equipment and Prosthetics	✓	
Out-of-network services	✓	

Plan Year 2021

Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary. Authorization forms and supporting documentation should be faxed to 866-439-0065 with all necessary and proper information to support the request for services and medical necessity.

***Authorization not required for facilities under alternative payment / value based / bundled payment arrangements.**