

# Sanford Health Plan

## Prior Authorization List

Effective January 1, 2022

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.

| Procedure or Service                   | Comments   |
|--|--|
| <b>Admissions</b>                      | <b>Admissions include:</b> <ul style="list-style-type: none"> <li>Inpatient Medical, Surgical, Mental Health or Substance Use/Abuse</li> <li>Inpatient Rehabilitation</li> <li>Long Term Acute Care Facility</li> <li>Residential Treatment</li> <li>Skilled Nursing Facility</li> <li>Swing Bed</li> </ul>  |
| <b>Ambulance Services</b>              | <b>Air ambulance services</b>  |
| <b>Clinical Trials</b>                 | <b>All clinical trials</b>   |
| <b>Durable Medical Equipment (DME)</b> | <b>Includes but is not limited to:</b> <ul style="list-style-type: none"> <li>Airway Clearance Device</li> <li>DME greater than \$10,000 (billed charges)</li> <li>Home DME Phototherapy Device</li> <li>Hospital or Specialty Beds</li> <li>Selected Orthotics and Prosthetics</li> <li>Pneumatic Compression with External Pump</li> <li>Power Wheelchairs and Accessories</li> <li>Prosthetic Limbs</li> <li>Scoters</li> </ul> |
| <b>Home Health</b>                     | <b>Home Health Services include:</b> <ul style="list-style-type: none"> <li>Home Health Services</li> </ul>  |
| <b>Implants/Stimulators</b>            | <b>Implants and Stimulators include:</b> <ul style="list-style-type: none"> <li>Cochlear Implant (Device and Procedure)</li> <li>Deep Brain Stimulation</li> <li>External Electrical Bone Growth</li> <li>Gastric Stimulator</li> <li>Spinal Cord Stimulator (Device and Procedure)</li> <li>Vagus Nerve Stimulator</li> </ul>   |
| <b>High-end Imaging</b>                | <b>PET, MRI/MRA, CT/CTA, NUC MED</b><br>NOTE: High-end imaging services for select members and health plans must be entered and authorized through eviCore at <a href="http://evicore.com">evicore.com</a> .   |

| Procedure or Service                            | Comments   |
|---|--|
| <b>Oncology (Cancer) Services and Treatment</b> | <b>All chemotherapy and radiation therapy</b><br>For Providers: Please go to <a href="http://eviti.com">eviti.com</a> to request authorization. Contact Utilization Management at (800) 805-7938 with questions.   |
| <b>Outpatient Services</b>                      | <b>Outpatient services include but is not limited to:</b> <ul style="list-style-type: none"> <li>• Applied Behavioral Analysis (ABA)</li> <li>• Botox (Non-cosmetic)</li> <li>• Brachytherapy</li> <li>• Chelation Therapy</li> <li>• Dental Anesthesia (if over age limitations)</li> <li>• Facet Joint Injection</li> <li>• Genetic Testing</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Medical Nutrition</li> <li>• Neuromuscular Electrical Stimulation</li> <li>• Radiofrequency Ablation</li> <li>• Tissue Engineered Skin Substitute</li> </ul>   |
| <b>Outpatient Surgery</b>                       | <b>Outpatient surgery includes but is not limited to:</b> <ul style="list-style-type: none"> <li>• Abdominoplasty or Panniculectomy</li> <li>• Bariatric Surgery</li> <li>• Blepharoplasty</li> <li>• Breast Implant Removal, Revision or Re-implantation</li> <li>• Breast Reconstruction and Mastectomy</li> <li>• Endoscopic Sinus Surgery</li> <li>• Functional Endoscopic Sinus Surgery (FESS)</li> <li>• Mammoplasty</li> <li>• Orthognathic Surgery</li> <li>• Reconstructive Surgery (Non-cosmetic)</li> <li>• Rhinoplasty</li> <li>• Scar Revision</li> <li>• Septoplasty</li> <li>• Trabeculoplasty and Trabeculectomy (Laser)</li> <li>• Temporomandibular Joint (TMJ)</li> <li>• Turbinate Resection</li> <li>• Vestibuloplasty</li> </ul> |
| <b>Spine (Back) surgery</b>                     | <b>All inpatient and outpatient spine surgery</b>  |
| <b>Transplants</b>                              | <b>Includes transplant evaluation and all transplant services</b>  |
| <b>Transportation</b>                           | <b>Non-urgent ground or air transportation</b>   |

For complete prior authorization information, please refer to your plan documents located in the secure member portal at [sanfordhealthplan.com/memberlogin](http://sanfordhealthplan.com/memberlogin). Please refer to the formulary for medications that require prior authorization.