



Services Requiring Prior Authorization

Category A – Services that may be performed in an office setting. Offices performing these services should have an appropriate CLIA license for CLIA waived services. Category A services are further divided into Categories A1, and A2:

- **Category A1** – Services may be performed in an office setting by the PCP or the contracted in-network specialist physician as part of the diagnostic evaluation and treatment.
- **Category A2** – Services may be performed in an office setting only by a contracted in-network specialist.

Category B – Services must be performed only in an authorized in-network contracted facility or obtained from a contracted in-network provider.

Certain Category A and B services (as indicated with “Yes”) require prior authorization by the Utilization Management Department.

** Category marked with “X” is the **preferred** method for the services/procedures. **

List of Category A and B Services

Services/Procedures	Prior Authorization Required?	Category A1	Category A2	Category B
		May be Performed in a PCP or an In-Network Contracted Specialist Office	May be Performed only in an In-network Contracted Specialist Office or an In-network Contracted Facility	Must be Performed in an In-network Contracted Facility or From an In-Network Provider
Referrals to out-of-network providers/facilities	Yes	N/A	N/A	N/A
Second Opinions	Yes	X		
All procedures or services not listed below that are provided outside of a PCP or Specialist office, and require to be done in a medical facility	Yes			X
Acupuncture	Yes		X	
Allergy (skin tests)	No		X	
Amniocentesis	No		X	



Anoscopy	No	X		
Barium Enema Contrast Study	Yes			X
Bone Density Scan (initial and subsequent) (refer to the below for an auto approval)	Yes			X
CAT Scan	Yes			X
CLIA Waived Tests	No	X		
Colonoscopy	Yes			X
Colposcopy	No		X	
Cystoscopy	No		X	
Dialysis (refer to the below for an auto approval)	Yes			X
Durable Medical Equipment (any) (refer to the below for an auto approval)	Yes			X
Echocardiogram	Yes		X	
EEG, EMG or ENG	Yes		X	
Electrocardiograms (EKG)	No	X		
Endoscopy/Upper Endoscopy	Yes		X	
Epidural Blocks (pain management)	Yes		X	
Fetal Testing, Stress & Non-stress	No		X	X
Fine Needle Aspiration	No	X		
Fundus, Extended Exams	No		X	
Gallbladder Contrast Study	Yes			X
Glaucoma Provocation Test	No		X	
Gonioscopy	No		X	
Heart Scans	Yes			X
Holter Monitor	No		X	
Home Health Services	Yes			X
Immunizations/Vaccines (non- travel)	No (except for the below)	X		
Immunizations/Vaccines (travel)	Yes	X		
Liver/Spleen Study	Yes			X
Lung Study	Yes			X
Mammogram (screening) (refer to the below for an auto approval)	No			X
Mammogram (diagnostic)	Yes			X
Medical Macrophotography	No		X	



MRI Scan	Yes			X
Nuclear Cardiograms	Yes			X
Occupational Therapy	Yes			X
Ophthalmologic Tests	No		X	
PET Scan	Yes			X
Physical Therapy	Yes			X
Proctosigmoidoscopies	No	X		
Pulmonary Function Test	No		X	
Small Bowel Series Contrast Study	Yes			X
Screening Audiometry	No	X		
Sigmoidoscopies	No		X	
Skin Tests (except allergy testing)	No	X		
Speech Therapy	Yes			X
Stress Testing	No		X	
Thallium Stress Test	Yes			X
Thyroid scans	Yes			X
Tonometry (1/year screen by non-specialist)	No	X		
Transplant Services	Yes		X	X
UGI Contrast Study	Yes			X
Ultrasound (pregnancy – 1 st & 2 nd)	No		X	
Ultrasound (pregnancy – subsequent after 2 nd)	Yes		X	
Ultrasound (non OB)	Yes			X
X-Rays Plain View and Plain Film (diagnosis & treatment)	No	X	X (Orthopedic Provider Only)	X

Immunizations/Vaccines Requiring Prior Authorization

- HPV Human Papillomavirus Vaccination
- Zoster

All procedures being performed in an outpatient setting regardless of the facility (Hospital or Ambulatory Surgery Center) requires prior authorization to a contracted in-network facility.