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| **Prior Authorization Chart** |
| **Clinical Services** | **Action** | **Notes** |
| Hospital – Inpatient Emergent (Med and Psych) | **N** | Within one business day |
| Hospital – Inpatient Elective (Med and Psych) | **PA** |  |
| Non-emergency Air Transport | **PA** |  |
| Out of Network Services | **PA** |  |
| Prosthetics/Medical Supplies | **PA** |  |
| Substance Abuse Services | **PA** |  |

 **N = Notification**

 **PA= Prior Authorization**