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| **Prior Authorization Chart** | | |
| **Clinical Services** | **Action** | **Notes** |
| **Out of Network Services** | **PA** |  |
| **In Network Services Requiring AUTH or Notification** | | |
| Cardiac and Pulmonary Rehabilitation Services | **PA** |  |
| Comprehensive Dental | **PA** | Note: In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. We cover: *Anything that is deemed medically necessary under Medicare.* |
| Chiropractic Services | **PA** |  |
| Dialysis Services | **PA** |  |
| Hearing Aids | **PA** | Benefit maximum is up to a $1,800 credit for both ears combined every two years for hearing aids.  Note: Please call WVSA customer service to verify benefit availability prior to rendering services. |
| Home Health Services | **PA** |  |
| Hospital – Inpatient Emergent (Med and Psych) | **N** | Within one business day |
| Hospital – Inpatient Elective/Scheduled (Med and Psych) | **PA** |  |
| Mental Health Specialty Services | **PA** |  |
| Non-emergency Air Transport | **PA** |  |
| Non-emergency Ground Transport | **PA** |  |
| Observation Stays | **N** |  |
| Outpatient Diagnostic Services  Outpatient Procedures  Outpatient Tests  *Diagnostic tests and procedures Lab services Diagnostic radiology services (e.g. MRI, CAT Scan) Outpatient X-rays* | **PA** | No Auth required when services are rendered in a Nursing Facility or Physician Office  Authorization exception: X-rays do not require authorization when service rendered in Nursing Facility or physician office. |
| Outpatient Rehabilitation Services  Occupational Therapy Services  Physical Therapy Services  Speech Therapy Services | **PA** |  |
| Outpatient Surgical Services | **PA** |  |
| Opioid Treatment Services | **PA** |  |
| Partial Hospitalization | **PA** |  |
| Part B RX Services/Home Infusion | **PA** | Note: Only the initial round of chemotherapy requires authorization. |
| Prosthetics/Durable Medical Equipment/Medical Supplies | **PA** |  |
| Substance Use Disorder Services | **PA** |  |

**N = Notification**

**PA= Prior Authorization**