

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: <i>Anything that is deemed medically necessary under Medicare.</i>
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 <i>Diagnostic tests and procedures</i> <i>Lab services</i> <i>Diagnostic radiology services</i> <i>(e.g. MRI, CAT Scan)</i> <i>Outpatient X-rays</i>	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