AMERICAN HEALTH ADVANTAGE OF PENNSYLVANIA

2025 Prior Authorization List

Prior authorizations are required for the following covered services (by service level)❖

- **Inpatient Care** (including but not limited to: Inpatient Acute, Inpatient Psychiatric, etc.)
- **Skilled Nursing Facility** (Medicare required three midnight stay is waved)
- **Partial Hospitalization**
- **Outpatient Observation**
- **Outpatient Hospital and Ambulatory Surgery Services**
- **Genetic Testing**
- **Home Health Care**
- **DME, Prosthetics and Orthotics** (with billed charges in excess of $250)
- **Diabetic Supplies** (with billed charges in excess of$250)
- **Therapy Services** (Physical, Speech and Occupational Therapy)**Not** performed at LTC residence or other SNF Therapy Setting
- **Diagnostic Radiological Services** (e.g. High-Tech Radiology Services including but not limited to: MRI, MRA, PET, CTA, CT Scans and SPECT require prior authorization. **NOTE:** No authorization is required for Outpatient X-ray Services)
- **Cardiac Rehabilitation and Intensive Cardiac Rehabilitation**
- **Ambulance Services** (Medicare covered non-emergency Ambulance transportation services **NOTE:** No authorization is needed for non-emergency hospital to nursing home and nursing home to hospital)
- **Medicare Part B Chemotherapy Drugs** (Drugs with billed charges in excess of $250)
- **Other Medicare Part B Drugs** (covered drugs with billed charges in excess of $250)
- **Out-of-Network Providers** (including but not limited to: physicians, cardiac rehab/intensive cardiac rehab, DME/Prostheticssuppliers, diagnostic tests and/or procedures, Genetic testing, non-emergent ambulance, therapeutic radiological services, ambulatory surgery center, outpatient hospital, inpatient hospital, home health care, outpatient physical therapy, outpatient speech-language therapy, outpatient occupational therapy, outpatient hospital observation, skilled nursing facility, etc.)

NOTE: No authorization is required for medically necessary emergent services, urgently needed care, or dialysis services

Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary.