



Services That Require Prior Authorization

Effective: September 2022

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| Advanced Imaging (CT, MRI/MRA, PET, Nuclear studies) | Requires prior authorization. |
| All Inpatient Hospital Admissions → Acute Hospital → Acute Rehab Facilities → Hospice → Long Term Acute Care Facility (LTAC) → Skilled Nursing Facility (SNF) → Residential Treatment Center | Requires prior authorizations except as referenced below for Notifications. Requires Notifications to Curative for Delivery, Mastectomy and Hospice admissions within 48 hours. |
| All Outpatient Surgical Procedures performed in a hospital or free standing surgery center | Requires prior authorization. |
| Applied Behavioral Analysis | Requires prior authorization. |
| Assistant Surgeon | Requires prior authorization. |
| Biofeedback for Urinary Incontinence (Biofeedback is not covered for other indications) | Requires prior authorization. |
| Cardiology - All Tests and Procedures | Requires prior authorization, except the following procedures: → EKG including interpretation and leads - CPT codes 93000, 93010 and A4556 → Treadmill Tests - CPT codes 93016 and 93018 → Pacemaker Checks - CPT codes 93288 |
| Cochlear Implant | Requires prior authorization. |
| Dialysis | Requires prior authorization. |
| Drugs listed on the Pharmacy Prior Authorization Listing | Requires prior authorization for over \$750 in billed charges. |
| Gender Affirmation Surgery and Treatment | Requires prior authorization. |
| Molecular Genetic Lab Testing | Requires prior authorization. |
| Home Health Care | Requires prior authorization. |
| Hospice Care | Requires prior authorization. |
| Hyperbaric Therapy | Requires prior authorization. |
| Formula /Food Products / Liquid Nutrition | Requires prior authorization. |
| Joint and Spine Surgery | Requires prior authorization. |





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| MOHS Procedures (performed in office or facility) | Requires prior authorization. |
| Non-Emergency Ambulance | Requires prior authorization. |
| Obesity Treatment | Requires prior authorization. |
| Observation | Requires Notification. |
| Oncology Services → Chemotherapy → Radiation Therapy | Requires prior authorization. |
| Oral Surgery (performed in office or facility) | Requires prior authorization. |
| Orthotics and Prosthetics | Requires prior authorization. |
| Outpatient treatment of behavioral health care, substance use disorder and serious mental illness: → Electroconvulsive therapy → Partial Hospitalization → Intensive outpatient program | Requires prior authorization. |
| Psychological / Neuropsychological Testing | Requires prior authorization. |
| Rehabilitative Services → Occupational Therapy | Requires prior authorization. |
| Speech Therapy | Requires prior authorization. |
| Pain Management | Requires prior authorization. |
| Palliative Care | Requires prior authorization. |
| Prescription drugs (see drug search tool to determine if a specific drug required PA) | For details about pharmacy prior authorization requirements, please contact Curative or PBM at 888-647-8741. |
| Radiation Therapy / Radiation Oncology | Requires prior authorization. |
| Reconstructive Surgery & Procedures | Requires prior authorization. |
| Skilled nursing care in a skilled nursing facility | Requires prior authorization. |
| Sleep Study | Requires prior authorization. |
| Transplants | Requires prior authorization. |

Prior Authorization Forms:

- [Medical prior authorization form](#)
- [Prescription drug prior authorization form](#)

