

Effective: September 2022

Service	Prior Authorization or Notification Requirements
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.
Any Durable Medical Equipment (DME)	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
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	Requires prior authorization.

→ Intensive outpatient program	
Psychological / Neuropsychological Testing	Requires prior authorization.
Rehabilitative Services → Physical Therapy → Occupational Therapy	Requires prior authorization.
Speech Therapy	Requires prior authorization.
Pain Management	Requires prior authorization.
Palliative Care	Requires prior authorization.
Prescription drugs (see list for drugs that apply for prior authorizations)	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 Form: Curative accepts the Texas Standard Prior Authorization Request Form in lieu of the **Curative** Prior Authorization Form.

The **Curative** Prior Authorization is available to be completed through the Form by calling **Curative** Provider Service at 855-414-1083 or **Curative** Clinical Care Management at 855-414-1089.

[Prior Authorization Form](#)