

Prior Authorization Guide

Emergent Care does not require prior authorization for services

ELECTIVE INPATIENT ADMISSIONS	
<p>Elective admissions – not limited to:</p> <ul style="list-style-type: none"> • Acute rehabilitation facility • Behavioral health and substance abuse facility <ul style="list-style-type: none"> ○ Evernorth Behavioral Health of California, Inc.: 888-736-7009 	<ul style="list-style-type: none"> • Hospice • Hospital • Long Term Acute Care • Skilled Nursing Facility • Scheduled Hospitalizations
OUT-OF-AREA (OOA) SERVICES	
<ul style="list-style-type: none"> • OOA – All services outside of San Diego County 	
OUTPATIENT PROCEDURES/SERVICES/EQUIPMENT	
<ul style="list-style-type: none"> • AMBULANCE <ul style="list-style-type: none"> ○ Non-emergency air or ground transportation • BARIATRIC SURGERY AND CARE • BEHAVIORAL HEALTH AND SUBSTANCE ABUSE <ul style="list-style-type: none"> ○ Authorized by Evernorth Behavioral Health of California, Inc.: 888-736-7009 ○ Prior authorization not required for office visits • BLOOD PRODUCTS • CARDIAC REHABILITATION • CHEMOTHERAPY • COSMETIC SERVICES • CYBERKNIFE • DENTAL – consultations and procedures that are covered under medical benefit • DERMATOLOGY <ul style="list-style-type: none"> ○ Dermabrasion/chemical peel ○ Chemical exfoliation and electrolysis ○ Laser treatment ○ Skin injections and implants • DURABLE MEDICAL EQUIPMENT (DME) <ul style="list-style-type: none"> ○ Diabetic supplies – test strips • EXPERIMENTAL/INVESTIGATIONAL SERVICES/CLINICAL TRAILS AND NEW TECHNOLOGIES • HEARING AIDS • HOME HEALTH SERVICES • INFERTILITY SERVICES <ul style="list-style-type: none"> ○ GIFT/ZIFT/In vitro fertilization is excluded from coverage 	<ul style="list-style-type: none"> • INFUSION THERAPY • INTENSITY MODULATED RADIATION THERAPY (IMRT) • NEURO AND SPINAL CORD STIMULATOR • ORTHOTICS • OUTPATIENT DIAGNOSTIC TESTS <ul style="list-style-type: none"> ○ CT ○ MRI/MRA ○ Nuclear Cardiology ○ PET • SURGICAL PROCEDURES <ul style="list-style-type: none"> ○ All procedures done at freestanding surgery center or outpatient department of hospital ○ Blepharoplasty • PHYSICAL THERAPY • PROSTHETICS • PROTON THERAPY • PULMONARY REHABILITATION • OCCUPATIONAL THERAPY • RADIATION THERAPY • SECOND OPINION (out-of-network) • SPEECH THERAPY • SOME SPECIALTY CARE REFERRALS • STEREOTACTIC RADIOSURGERY AND STEREOTACTIC BODY RADIOTHERAPY (SBRT) • TRANSGENDER SERVICES • TRANSPLANT RELATED SERVICES