

MEDICAL SERVICES THAT REQUIRE PRIOR AUTHORIZATION

The medical services below require prior authorization in order to be covered by Capital Health Plan. Although a service may be listed as requiring an authorization, this does not mean that the service itself is covered under all benefit plans. Please refer to the individual Capital Health Plan member benefit handbook for more information about services that may be limited or excluded.

ALL inpatient services

ALL services by a non-contracted provider that is not an emergency service

ALL experimental or investigational services

Anesthesia and facility charges for dental services

Applied Behavioral Analysis (ABA) therapy *

Back (lumbar) and neck (cervical) MRIs (Magnetic Resonance Imaging)

Back (lumbar) and neck (cervical) surgery (also known as spine surgery)

Balloon Dilation of the Eustachian Tube

Bariatric surgery (weight loss surgery) *

Bone growth stimulators (including Osteogenesis stimulators) *

Breast reconstruction surgery

Breast reduction surgery

Chemical peel

Cochlear implants *

Continuous glucose monitors *

Continuous passive motion devices *

Cosmetic/Plastics/Reconstructive surgery *

Cranial Orthosis *

CT colonography (also known as CT colonoscopy)

Deep Brain Stimulation

Dental services *

Dermabrasion

Dermal injections

Durable Medical Equipment *

Enteral nutrition/formula and supplies *

External insulin infusion pumps *

Eyeglasses and contact lenses *

Eyelid and brow surgery (blepharoplasty, ptosis repair, brow lift)

Functional Neuromuscular Stimulation *

Genetic testing (ALL genetic testing)

Home Prothrombin Time Monitoring *

Hyperbaric oxygen (HBO) therapy (outpatient)

Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

Implantable hearing devices *

Kyphoplasty and Vertebroplasty

Long Term Acute Care Hospitalization

Mastectomy for gynecomastia

Negative pressure wound therapy (NPWT) pump *

Nerve Repair with Allograft

Nutritional counseling *

Oral Appliance

Oral Surgeon Office Visit

Oral surgery

Orthognathic surgery

Orthotics *

Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders *

Observation lasting more than 48 hours

Panniculectomy and Abdominoplasty *

Partial Hospitalization Program (PHP) for Substance Abuse Treatment

Percutaneous Left Atrial Appendage Closure (e.g., Watchman Device)

Power wheelchairs, scooters, and accessories *

Prosthetics *

Quantitative Electroencephalography (QEEG)

Residential Eating Disorders Treatment

Residential Substance Abuse Treatment

Rhinoplasty/Septoplasty

Rhytidectomy

Sacroplasty

Sacroiliac (SI) joint fusion surgery

Seat lift mechanisms *

Skilled Nursing Facility Care

Skin and soft tissue substitute grafting (bio-engineered, including amniotic membrane/fluid)

Sleep studies not ordered by a contracted pulmonologist or ENT (Ears, Nose, and Throat) specialist

Speech generating devices *

Spinal cord stimulators (trial, permanent implant, revision, repair, replacement, removal)

Subcutaneous Implantable Cardioverter Defibrillators

Tattooing to Correct Color Defects of the Skin

Thoracic outlet syndrome surgery

TMH Bariatric Services *

Transcranial Magnetic Stimulation

Vagus Nerve Stimulation
Varicose Vein treatment
Wearable cardioverter-defibrillators (WCD) (e.g., LifeVest) *
Weight Control Services *
Wound Treatment Centers other than CHP Skin and Wound Care Center

*Coverage subject to the benefit plan

PLEASE NOTE: Services are subject to utilization review at any time. In order for services to be eligible for coverage by Capital Health Plan, documentation must support the medical necessity for ANY AND ALL services, regardless of whether or not specific criteria exists for that service. Therefore, the above listed items are subject to change at any time. For the most up to date information on services that require prior authorization, members can call Member Services at (850) 383-3311, and providers can call Network Services at (850) 523-7361.

For information regarding medications that may require a prior authorization, please go to Medication Center <https://capitalhealth.com/providers/medication-center#medical-benefit> or call Network Services / Member Services at the number listed above.

Approved/Revised:

12/10/20	Prior authorization list approved by UMWG
12/29/20	ST removed. No longer requires PA as of 1/1/21.
2/11/21	Removed Cologuard testing effective 2/11/21