



Saint Mary's Health Plans
A member of CHW

Saint Mary's HealthFirst Prior Authorization Requirements

All referrals must be to a contracted provider/facility unless otherwise authorized. All services must be medically necessary and a covered benefit. For continuity and coordination of care, consultative reports are to be provided by the referring Practitioner/Provider.

Specialty Referrals REQUIRING Prior Authorization by HealthFirst

Diagnostic or Treatment Services Relating to Neck & Back (including Chiro/Physical Therapy after 8 visits)

Dermatology

Genetic Counseling

Perinatology

Plastic and Reconstructive Surgery

Reproductive Endocrinology

Prior Authorization Required

Admission to any Inpatient or Outpatient Facility	Including Sameday Surgery
Diagnostic or Treatment Relating to Neck & Back	Including Chiro/Physical Therapy after 8 visits
All Surgery with or without Assist	Including CyberKnife
Chemical Dependency Detox- Inpatient	\$1500 Per Calendar Year Benefit Max
Chemotherapy	
Continuous Glucose Monitoring	
Coronary Artery CT Scans	
Dental Care Services including Oral Surgery	
Dialysis	\$60,000 Per Calendar Year Benefit Max In Network Only
Durable Medical Equipment (DME) over \$500	
Hyperbaric Oxygen Treatment	
Infusion Therapy	Inpatient and Outpatient
Lithotripsy ESWL/Ossatron	
Mental Health/Substance Abuse: Inpatient only	Call: Magellan Health Services Phone: 800.424.2572 Fax: 443.896.1454
Orthotics/Prosthetics	Except Foot Orthotics and Diabetic Shoes
Out of Network/Out of Plan Referral	
Pacemaker Insertion	
Transplants and All Related Services	Lifetime Benefit Max/Network Provider Only
3-D Ultrasound (OB)	

**Medical Management: 775.770.6211 or 800.863.7515. 24 hour confidential voice mail
Confidential FAX: 775.770.6250**

Member Services Provider Line: For benefits, limitations and eligibility call: 775.770.6680 or 886.500.2741
You may request and receive authorization online via the secure provider portal at
www.saintmaryshealthplans.com/providers/index.php

**Member Services Member Line: For benefits, limitations, referral/authorization requirements call:
775.770.6060 or 800.863.7515**
Referral/Authorization requirements are available online at
www.saintmaryshealthplans.com/members/index.php

Providers New to Provider Online Services: call 775.770.6211
Online Prior Authorization @ www.saintmaryshealthplans.com/provider

No Prior Authorization Required (In Network)	Comments
Amniocentesis	Network Facility or Secondary PCP
Angiogram/Angiography	Including Digital Subtraction
Aortogram/Aortal Femoral Runoff/Arteriogram	
Biopsy-All	In Office Only, including Dermatology
Brainstem Evoked Response	
Bronchoscopy	Network Facility
Cardiac Event Recorder/24 Hour Holter Monitor	Network Facility
Cardiac Rehab (Step I and II)	
Cardioversion	
Chiropractic (\$750 per Calendar Year Benefit Max)	Prior Auth required after 8 visits per occurrence
Circumcision	Newborns Only
Colonoscopy	Except Virtual; greater than 50 years of age
Colposcopy	In Office Only
Cystoscopy	In Office Only
Dexa Scan/Heel Scan (Bone Density Test)	
Diabetic Education/Dietary Counseling	
Diabetic Shoes/Orthotics	2 Pairs per Calendar Year up to Combined \$500 Max
Echocardiogram	
Electroencephalogram (EEG)	Except Inpatient Video EEG
Electromyogram (EMG)/Nerve Conduction Studies	
Endoscopy/EGD	
ERCP	
Foot Orthotics	\$250 per Lifetime Benefit Max
Heart Catheterization/EPS Ablation	All Cath Lab Procedures
Home Health/Hospice Care	In Network Only
Homeopathic Medicine (Includes Acupuncture)	\$1,500 per Calendar Year Benefit Max
Ingrown Toenail (Matrixectomy)	
Leep Procedure	In Office Only
Lumbar Puncture	
Mammography	Screening and Diagnostic
Mental Health/Chemical Dependency Outpatient	Call Magellan Health Services at: 1.800.424.2572
Neuro-psych testing	In Network Only
Night Guards/Mouth Splints	2 per Lifetime up to \$500 per Appliance
Nutritional/Eating Disorder	Benefit Limit applies
Occupational Therapy	Benefit Limit applies
Open MRI (Prior Auth required for Neck and Back)	In Network Only
Ophthalmology/Retinal Procedures/Yag Laser	In Office Only, including A Scan and Stratus OCT
Pulmonary Function Testing (PFT)	
Physical Therapy (Benefit limit applies)	Prior Auth Required After 8 Visits for Neck & Back
Pulmonary Rehab	
Radiation Therapy	Network Facility
Radiology- CT/MRI /MRA/Nuclear Medicine/PET Scan	(Prior Auth required for Neck & Back Conditions)
TEE/Ultrasound/Hida/Muga/Total Body Bone Scan	
TMJ	Benefit Limit Applies. Lifetime Maximum
Sleep Studies (Sleep Apnea)	In Network Only
Speech Therapy	Benefit Limit Applies
Tilt Table	

Network Specialist Referrals NOT REQUIRING Prior Authorization

Allergy/Asthma	Infectious Disease	Ophthalmology	Pulmonary Medicine
Cardiology	Nephrology	Orthopedics	Rheumatology
Endocrinology	Neurology	Pain Management	Surgical (Except Plastic, Neck & Back)
ENT/Audiology	Neurosurgery	Physical Medicine/Rehab	Urology
Gastroenterology	Oncology/Hematology Radiation Oncology	Podiatry	