



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

All 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
All Services 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 Online Provider Service: 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
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Network Specialist Referrals NOT REQUIRING Prior Authorization

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