

# Sanford Health Plan

## Prior Authorization List

To receive coverage for services or equipment below, you must receive approval from the plan. Requests must be made at least three (3) business days in advance. This list does not guarantee eligibility or coverage; services must be medically necessary and available under your plan.

Procedure or Service	Comments
<b>Admissions</b>	<p><b>Admissions include:</b></p> <ul style="list-style-type: none"> <li>• Inpatient Medical, Surgical, Mental Health or Substance Use/Abuse</li> <li>• Inpatient Rehabilitation</li> <li>• Long Term Acute Care Facility</li> <li>• Residential Treatment</li> <li>• Skilled Nursing Facility</li> <li>• Swing Bed</li> </ul>
<b>Ambulance Services</b>	<b>Air ambulance services</b>
<b>Clinical Trials</b>	<b>All clinical trials</b>
<b>Durable Medical Equipment (DME)</b>	<p><b>Includes but is not limited to:</b></p> <ul style="list-style-type: none"> <li>• Airway Clearance Device</li> <li>• Communication Device</li> <li>• Continuous Glucose Monitors and Sensors</li> <li>• Cranial Molding Helmet</li> <li>• Dental Appliances</li> <li>• Hospital or Specialty Beds</li> <li>• Insulin Pump</li> <li>• Selected Orthotics</li> <li>• Phototherapy UVB Light Device</li> <li>• Pneumatic Compression with External Pump</li> <li>• Power Wheelchair and Scooter</li> <li>• Prosthetic Limb</li> </ul>
<b>Home Health</b>	<p><b>Home Health Services include:</b></p> <ul style="list-style-type: none"> <li>• Home Health Services</li> <li>• Home Infusion (IV) Services</li> </ul>
<b>Implants/Stimulators</b>	<p><b>Implants and Stimulators include:</b></p> <ul style="list-style-type: none"> <li>• Bone Growth (External)</li> <li>• Cochlear Implant (Device and Procedure)</li> <li>• Deep Brain Stimulation</li> <li>• Gastric Stimulator</li> <li>• Spinal Cord Stimulator (Device and Procedure)</li> <li>• Vagus Nerve Stimulator</li> </ul>
<b>Oncology (Cancer) Services and Treatment</b>	<p><b>All chemotherapy and radiation therapy</b></p> <p>For Providers: Please go to <a href="http://eviti.com">eviti.com</a> to request authorization. Contact Utilization Management at (800) 805-7938 with questions.</p>

Procedure or Service	Comments
<b>Outpatient Services</b>	<b>Outpatient services include but is not limited to:</b> <ul style="list-style-type: none"> <li>• Alopecia Treatment</li> <li>• Applied Behavioral Analysis (ABA)</li> <li>• Biofeedback</li> <li>• Botox (Non-cosmetic)</li> <li>• Brachytherapy</li> <li>• Chelation Therapy</li> <li>• Dental Anesthesia</li> <li>• Facet Joint Injection</li> <li>• Genetic Testing</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Infertility Treatment</li> <li>• Medical Nutrition</li> <li>• Neuromuscular Electrical Stimulation</li> <li>• Photodynamic Therapy</li> <li>• Platelet Rich Plasma (PRP)</li> <li>• Radiofrequency Ablation</li> <li>• Tissue Engineered Skin Substitute</li> <li>• Varicose Vein Treatment</li> </ul>
<b>Outpatient Surgery</b>	<b>Outpatient surgery includes but is not limited to:</b> <ul style="list-style-type: none"> <li>• Abdominoplasty or Panniculectomy</li> <li>• Bariatric Surgery</li> <li>• Blepharoplasty</li> <li>• Breast Implant Removal, Revision or Re-implantation</li> <li>• Breast Reconstruction and Mastectomy</li> <li>• Endoscopic Sinus Surgery</li> <li>• Intrathecal Pain Pump</li> <li>• Mammoplasty</li> <li>• Orthognatic Procedures</li> <li>• Rhinoplasty</li> <li>• Septoplasty</li> <li>• Temporomandibular Joint (TMJ)</li> </ul>
<b>Spine (Back) surgery</b>	<b>All inpatient and outpatient spine surgery</b>
<b>Transplants</b>	<b>Includes transplant evaluation and all transplant services including artificial pancreas</b>
<b>Transportation</b>	<b>Non-urgent ground or air transportation</b>

Plans below offer dental coverage, which must be preauthorized and medically necessary:

- Simplicity and TRUE plans: Dental implants and orthodontics for Members age 0-18.
- North Dakota Medicaid Expansion: Oral surgical procedures; TMJ splints; orthodontics for Members age 19 and 20; and dental anesthesia for Members with a developmental disability.

**For complete prior authorization information, please refer to your plan documents located in the secure member portal at [sanfordhealthplan.com/memberlogin](https://sanfordhealthplan.com/memberlogin). Please refer to the formulary for medications that require prior authorization.**