

Prior Authorization

Some medical services have to be approved before you get them. Your Primary Care Provider (PCP) will ask for these services if you need them. Getting approval for services before you get them is called Prior Authorization. If a service is denied, you may ask for a review. See section on “Denied Services”. Some (but not all) of the services that need to be approved before you get them are:

- Acute inpatient hospitalizations
- Critical access hospital
- Some dental services
- Diagnostic services
- Durable medical equipment (wheelchairs, crutches, etc.)
- Home health services
- Inpatient psychiatric services (under age 21)
- Occupational therapy for adults 21 and over who exceed the limit
- Personal care services
- Some pharmacy services
- Physical therapy for adults 21 and over who exceed the limit
- Nursing facility services
- Private duty nursing only covered through EPSDT Special Services or Model Waiver
- Prosthetic devices
- Respiratory care for ventilator-dependent
- Speech therapy for adults 21 and over who exceed the limit
- Transplants
- Some transportation
- Waiver services (Acquired Brain Injury, Acquired Brain Injury Long Term Care, Home and Community Based, Michelle P., Model II, Supports for Community Living)