

Medicare Advantage

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. The provider is responsible for obtaining the prior authorization. Select services provided by Sanford providers are waived for prior authorization and identified below.

Effective January 1, 2026

Procedure or Service	Comments
Admissions	Admissions include: <ul style="list-style-type: none">Inpatient RehabilitationLong Term Acute Care FacilityResidential TreatmentSkilled Nursing FacilitySwing BedInpatient Surgical (Elective)Inpatient Medical, Mental Health or Substance Use/Abuse
Ambulance: Non-emergent Land and Air Transportation	Non-urgent ground or air transportation
Autologous Cultured Condrocyte	
Clinical Trials	All clinical trials
Durable Medical Equipment (DME)	Includes but is not limited to: <ul style="list-style-type: none">Airway Clearance DeviceDME greater than \$10,000 (billed charges)Hospital or Specialty BedsInfusion PumpPneumatic Compression with External PumpPower Wheelchairs and AccessoriesProsthetic LimbsSelect Orthotics and ProstheticsScootersSpeech Generating Devices
Gender Affirming Medical and Surgical Treatment	Includes evaluation and services
Home Health	Home Health Services include: <ul style="list-style-type: none">Home Health Services
Implants/Stimulators	Implants and Stimulators include: <ul style="list-style-type: none">Deep Brain StimulationExternal Electrical Bone GrowthOccipital Nerve StimulatorSacral Nerve StimulationSpinal Cord Stimulator (Device and Procedure)

Procedure or Service	Comments
Oncology (Cancer) Services and Treatment	<p>All chemotherapy and radiation therapy</p> <p>For Providers: Please go to eviti.com to request authorization.</p>
Outpatient Services	<p>Outpatient services include but is not limited to:</p> <ul style="list-style-type: none"> Applied Behavioral Analysis (ABA) over the age of 12 Brachytherapy Drug Induced Endoscopy Genetic and Molecular Testing Hyperbaric Oxygen Therapy <ul style="list-style-type: none"> Laser Treatment of Port Wine Stains Oral Appliances for Obstructive Sleep Apnea Radiofrequency Ablation Tissue Engineered Skin Substitute
Outpatient Surgery	<p>Outpatient surgery includes but is not limited to:</p> <ul style="list-style-type: none"> Abdominoplasty or Panniculectomy Bariatric Surgery Blepharoplasty Mammoplasty Non-Breast Cancer related Breast Implant Removal, Revision or Re-implantation <ul style="list-style-type: none"> Non-Breast Cancer related Breast Reconstruction and Mastectomy Orthognathic Surgery Reconstructive Surgery (Non-cosmetic) Rhinoplasty Scar Revision
Spine (Back) Surgery – All levels and settings	All inpatient and outpatient spine surgery
Ventricular Assist Device (VAD), Transplant and Transplant Services	Includes evaluation and services

For complete prior authorization information, please refer to your plan documents located in the secure member portal at align.sanfordhealthplan.com. Please refer to the formulary for medications that require prior authorization.

Sanford Health Plan and Sanford Health Plan of Minnesota have HMO, PPO, I-SNP and D-SNP plans with a Medicare contract and contracts with state Medicaid programs. Enrollment in these plans depends on contract renewal. Sanford Health complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations. Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call 1-877-509-4979 (TTY: 711) or speak with your healthcare provider. Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-509-4979 (TTY: 711) o hable con su proveedor. Oromo: Yoo afaan Oromoo dubbattu ta'e, tajaajilli gargaarsa afaanii bilisaa siniiif ni argama. Gargaarsi gargaaraa fi tajaajilli sirii ta'ee fi odeeaffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama. Bilbilaa 1-877-509-4979 (TTY: 711) yookiin dhiyeessaa kee waliin haasa'aa.

If you require materials in large print, please call 1-877-509-4979 (TTY 711).