

# 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 October 1, 2025

Procedure or Service	Comments
<b>Admissions</b>	<p><b>Admissions include:</b></p> <ul style="list-style-type: none"> <li>Inpatient Rehabilitation</li> <li>Long Term Acute Care Facility</li> <li>Residential Treatment</li> <li>Skilled Nursing Facility</li> <li>Swing Bed</li> <li>Inpatient Surgical (Elective)</li> <li>Inpatient Medical, Mental Health or Substance Use/Abuse</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>DME greater than \$10,000 (billed charges)</li> <li>Hospital or Specialty Beds</li> <li>Infusion Pump</li> <li>Pneumatic Compression with External Pump</li> <li>Power Wheelchairs and Accessories</li> <li>Prosthetic Limbs</li> <li>Select Orthotics and Prosthetics</li> <li>Scoters</li> <li>Speech Generating Devices</li> </ul>
<b>Gender Affirming Medical and Surgical Treatment</b>	<b>Includes evaluation and services</b>
<b>Home Health</b>	<p><b>Home Health Services include:</b></p> <ul style="list-style-type: none"> <li>Home Health Services</li> </ul>
<b>Implants/Stimulators</b>	<p><b>Implants and Stimulators include:</b></p> <ul style="list-style-type: none"> <li>Cochlear Implant (Device and Procedure)</li> <li>Deep Brain Stimulation</li> <li>External Electrical Bone Growth</li> <li>Hypoglossal Nerve Stimulator</li> <li>Occipital Nerve Stimulator</li> <li>Spinal Cord Stimulator (Device and Procedure)</li> <li>Vagus Nerve Stimulator</li> </ul>

Procedure or Service	Comments
<b>Oncology (Cancer) Services and Treatment</b>	<b>All chemotherapy and radiation therapy</b> For Providers: Please go to <a href="http://eviti.com">eviti.com</a> to request authorization.
<b>Outpatient Services</b>	<b>Outpatient services include but is not limited to:</b> <ul style="list-style-type: none"> <li>• Applied Behavioral Analysis (ABA)</li> <li>• Brachytherapy</li> <li>• Chelation Therapy</li> <li>• Genetic Testing</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Medical Nutrition</li> <li>• Neuromuscular Electrical Stimulation</li> <li>• Platelet Rich Plasma</li> <li>• Tissue Engineered Skin Substitute</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>• Mammoplasty</li> <li>• Non-Breast Cancer related Breast Implant Removal, Revision or Re-implantation</li> <li>• Non-Breast Cancer related Breast Reconstruction and Mastectomy</li> <li>• Orthognathic Surgery</li> <li>• Reconstructive Surgery (Non-cosmetic)</li> <li>• Rhinoplasty</li> <li>• Scar Revision</li> <li>• Temporomandibular Joint (TMJ)</li> </ul>
<b>Spine (Back) surgery</b>	<b>All inpatient and outpatient spine surgery</b>
<b>Ventricular Assist Device (VAD), Transplant and Transplant Services</b>	<b>Includes evaluation and services</b>

For complete prior authorization information, please refer to your plan documents located in the secure member portal at [align.sanfordhealthplan.com](http://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'ee, tajaajilli gargaarsa afaanii bilisaa siniif ni argama. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo 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).**