# Sanford Health Plan

## Prior Authorization List

Effective January 1, 2020

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.

<table>
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<th>Procedure or Service</th>
<th>Comments</th>
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| **Admissions**                     | **Admissions include:**  
• Inpatient Medical, Surgical, Mental Health or Substance Use/Abuse  
• Inpatient Rehabilitation  
• Long Term Acute Care Facility  
• Residential Treatment  
• Skilled Nursing Facility  
• Swing Bed  |
| **Ambulance Services**             | Air ambulance services                                                   |
| **Clinical Trials**                | All clinical trials                                                     |
| **Durable Medical Equipment (DME)** | Includes but is not limited to:  
• Airway Clearance Device  
• Communication Device  
• Continuous Glucose Receivers  
• Dental Appliances  
• DME greater than $10,000 (billed charges)  
• Home DME Phototherapy Device  
• Hospital or Specialty Beds  
• Insulin Pump  
• Omnipod Dash  
• Selected Orthotics  
• Pneumatic Compression with External Pump  
• Power Wheelchair and Scooter  
• Prosthetic Limb |
| **Home Health**                    | **Home Health Services include:**  
• Home Health Services |
| **Implants/Stimulators**           | **Implants and Stimulators include:**  
• Cochlear Implant (Device and Procedure)  
• Deep Brain Stimulation  
• External Electrical Bone Growth  
• Gastric Stimulator  
• Spinal Cord Stimulator (Device and Procedure)  
• Vagus Nerve Stimulator |
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| Oncology (Cancer) Services and Treatment    | All chemotherapy and radiation therapy  
For Providers: Please go to eviti.com to request authorization. Contact Utilization Management at (800) 805-7938 with questions. |
| Outpatient Services                         | Outpatient services include but is not limited to:  
- Applied Behavioral Analysis (ABA)  
- Botox (Non-cosmetic)  
- Brachytherapy  
- Chelation Therapy  
- Dental Anesthesia  
- Facet Joint Injection  
- Genetic Testing  
- Hyperbaric Oxygen Therapy  
- Medical Nutrition  
- Neuromuscular Electrical Stimulation  
- Radiofrequency Ablation  
- Tissue Engineered Skin Substitute |
| Outpatient Surgery                          | Outpatient surgery includes but is not limited to:  
- Abdominoplasty or Panniculectomy  
- Bariatric Surgery  
- Blepharoplasty  
- Breast Implant Removal, Revision or Re-implantation  
- Breast Reconstruction and Mastectomy  
- Endoscopic Sinus Surgery  
- Mammoplasty  
- Orthognatic Procedures  
- Rhinoplasty  
- Septoplasty  
- Temporomandibular Joint [TMJ] |
| Spine (Back) surgery                        | All inpatient and outpatient spine surgery                                                           |
| Transplants                                 | Includes transplant evaluation and all transplant services including artificial pancreas               |
| Transportation                              | Non-urgent ground or air transportation                                                              |

Plans below offer dental coverage, which must be preauthorized and medically necessary:  
- Simplicy and TRUE plans: Dental implants and orthodontics for Members age 0-18.  
- North Dakota Medicaid Expansion: Oral surgical procedures; 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. Please refer to the formulary for medications that require prior authorization.