AUTHORIZATION GRID

Authorization Guidelines:

This is not a complete listing of services that may require preauthorization, and all services must be medically necessary.

An Authorization does not guarantee payment, other criteria must be met such as eligibility on the date of service and correct claim submission.

Reference the HealthChoice Program Handbook for additional information.

Service Category Name	Notes
Out of Network	
Out of Network Services	ALL SERVICES REQUIRE AUTHORIZATION
NOC	
Not Otherwise Classified (NOC), unlisted, unspecified codes and manually priced codes	Requires Prior Authorization
Behavioral Health	
Inpatient and Outpatient Behavioral Health Services and/or Substance Abuse Services	Requires Prior Authorization **Inpatient hospitalization** provided as a Basic Service to a Member **shall not exceed thirty (30) days of inpatient care** within each Enrollment Year.
Durable Medical Equipment (DME)	
DME	Requires Prior Authorization
Medical Services	
All Outpatient Specialty Care	Requires Prior Authorization
Home Health Care	Requires Prior Authorization
Inpatient Medical Services	Requires Prior Authorization
Outpatient Surgeries	Requires Prior Authorization
Laboratory Services	
Laboratory Services	**Exclusive Provider: JVHL** **Directory available: https://www.jvhl.org/** Requires Prior Authorization
Radiology	
CT	Requires Prior Authorization
CT Angiography	Requires Prior Authorization
MRI	Requires Prior Authorization
MRI Angiography	Requires Prior Authorization
MRI Arthrography	Requires Prior Authorization
PET/CT	Requires Prior Authorization
All other radiology services	Requires Prior Authorization
Therapeutic Services	
Physical Therapy	Requires Prior Authorization **30 visits per year limit**