



Services Requiring Prior Authorization 2025

Definitions:

Medical Necessity: To be medically necessary, covered services must:

- Be rendered in connection with an injury or sickness;
- Be consistent with the diagnosis and treatment of your condition;
- Be in accordance with the standards of good medical practice;
- Not be for your convenience or your physician's convenience and
- Not be considered experimental or investigative.

Prior Authorization: Notification requesting coverage is required before receipt of certain designated services, elective admission to a hospital or facility, or specific medications prescribed for certain uses. Participating facilities need to notify the Medical Management Department at OSU Health Plan within 48 hours of an urgent/emergent admission. Providers need to provide clinical documentation to OSU Health Plan at least ten business days prior to a specified outpatient or elective inpatient procedure. Failure to obtain prior authorization for these designated services can result in penalty or denial of benefits.ⁱ

Requesting Prior Authorization:

Providers must contact OSU Health Plan Medical Management department prior to services being provided at (614) 292-4700 or (800) 678-6269, within 48 hours for urgent/emergent and ten business days prior to elective admissions/procedures.ⁱⁱ Clinical documentation must be faxed to 614-292-2667 and should include all the following information:

- Procedure requested, including CPT and/or HCPCS code(s)
- Diagnosis, including ICD-10 code(s)
- Physician and Facility
- Date of Service
- Medical record documentation to support medical necessity (such as patient history, progress notes, conservative treatment(s) failed, etc.)

Claims submitted with unlisted procedure and unlisted medication codes will require documentation to



identify what procedure/medication/item is being billed. These claims are also subject to medical necessity review.

Prior Authorization Requirements:

The table below outlines the services that require Prior Authorization (PA) for OSU Health Plan members. This list will be updated as needed. Providers are responsible for verifying eligibility and benefits before providing services to OSU Health Plan members. Except for an emergency, failure to obtain prior authorization for these designated services can result in penalty or denial of benefits.¹

Please note that this list is not all-inclusive. We receive requests for coverage for innovative technologies, equipment, supplies, tests, and procedures daily. All experimental and investigational services and cosmetic services are specifically excluded under the OSU Medical Plans. A code-specific prior authorization list is available at [OSU Health Plan Tools – Forms and Policies](#).

Services Requiring Prior Authorization

Category	Service
Behavioral Health	Home Health Care Inpatient Hospitalization Residential Treatment rTMS
Diagnostic	Genetic Testing
Medical	Extended Care Facility Inpatient Hospitalization Home Health Care Hospice Hyperbaric Oxygen Nutrition visits over 6 in a plan year Skilled Nursing Facility

Services Requiring Prior Authorization (Continued)

Category	Service
<p>Medical Equipment and Supplies</p>	<p>Artificial Pancreas</p> <p>BiPAP</p> <p>Bone Anchored Hearing Aids</p> <p>Bone Growth Stimulator</p> <p>Cochlear Implants</p> <p>Continuous Glucose Monitors</p> <p>CPAP</p> <p>Dialysis Machines</p> <p>Formula</p> <p>Gait Trainer</p> <p>Hospital-Grade Breast Pump</p> <p>Infusion Pumps</p> <p>Insulin Pumps</p> <p>Intermittent Limb Compression Device</p> <p>Mechanical Stretching Devices</p> <p>Oral Appliances</p> <p>Oxygen</p> <p>Phototherapy Light</p> <p>Pneumatic Compressor</p> <p>Prosthetics (Refer to the specific code list on the OSU Health Plan website.)</p> <p>Skin substitutes/grafts (Refer to the specific code list OSU Health Plan website.)</p> <p>Speech Generating Devices TPN</p> <p>Ultraviolet Light Therapy System</p> <p>Urinary Catheters</p> <p>Ventilators</p> <p>Wheelchairs (Refer to the specific code list on the OSU Health Plan website.)</p> <p>Wigs</p>

Services Requiring Prior Authorization (Continued)

Category	Service
<p>Medications (Medical Benefit)</p>	<p>Certain oral, inhalation, subcutaneous, and IM/IV medications are excluded from the medical benefit. Please submit these medications through the pharmacy benefit for outpatient dispensing and any prior authorization requirements. In addition, medications on the medical benefit are reviewed for appropriate site of care. Refer to the specific code list and Site of Care policy available on the OSU Health Plan website. Please call OSU Health Plan or Express Scripts for additional information. Types of medications that may require prior authorization or be excluded from the medical benefit include, but are not limited to:</p> <ul style="list-style-type: none"> Autologous Chondrocyte Implantation Blood Conditions Botulinum Toxin CAR T-cell Therapy Enzyme Replacement Therapy Growth Deficiency Hemophilia Hepatitis C Virus Hereditary Angioedema Hypercholesterolemia Hypogonadism Immune Deficiency Infertility Inflammatory Conditions Iron Deficiency Anemia Miscellaneous Multiple Sclerosis Oncology Ophthalmic Oral Mucositis, Saliva Agents, and Stomatitis Products

Services Requiring Prior Authorization (Continued)

Category	Service
<p>Medications (Continued) (Medical Benefit)</p>	<p>Osteoarthritis Osteoporosis Pulmonary Hypertension Respiratory Sleep Disorders Weight Management</p>
<p>Surgery and Procedures</p>	<p>Abdominoplasty/ Panniculectomy Abortion Back Pain - Invasive Procedures Blepharoplasty/ Ptosis Repair Breast Reconstruction/ Repair Bronchial Thermoplasty Breast Reduction Surgery and Gynecomastia Surgery Chemical Peel & Dermabrasion Cosmetic Procedures Frenectomy Gender Reassignment Hernia Repair Infertility Treatment Neurostimulators Orthognathic Surgery Pectus Excavatum & Poland Syndrome Procedures for Obstructive Sleep Apnea Rhinoplasty Skin Procedures (Also see Cosmetic section) Sterilization Reversal Varicose Veins Weight Loss Surgery</p>

Services Requiring Prior Authorization (Continued)

Category	Service
Other	Dental Experimental services, such as Temporary Codes and Unlisted Codes ¹

¹ Prior authorization may not be required. However, all temporary and unlisted codes will be reviewed for appropriate coding and medical necessity retrospectively. If a procedure may be considered experimental, cosmetic and/or not medically necessary, the provider may submit a request for prior authorization to OSUHP for review. The determination will be for medical necessity only, as the use of the temporary and unlisted code will still require review by Trustmark for appropriate coding. Please call OSU Health Plan for additional information.

Additional Resources:

Please refer to the [Specific Plan Details Document](#) for specific benefit information and plan limitations.

Internal OSU Health Plan medical policies can be accessed online at [Health Plan Tools – Forms and Policies](#). Please note, medical technology is constantly evolving, and clinical UM guidelines are subject to change without notice. Additional clinical UM guidelines may be developed from time to time, and some may be withdrawn from use. Members and providers should contact a customer services representative for specific coverage information.

A prior authorization code list is available online at [OSU Health Plan Tools – Forms and Policies](#).

ⁱ Prior authorization (see osuhealthplan.com/providers, Prior Authorization) of certain designated services is required to determine medical necessity. If prior authorization, where indicated, is not obtained from OSU Health Plan, claims for these services may be denied or a penalty applied consisting of 20% of the fee, up to \$1,000 per admission of service. Prior authorization penalties do not apply toward the annual or annual out-of-pocket limit.

ⁱⁱ Scheduled C-sections and certain breast reconstruction procedures do not require clinical documentation prior to admission. C-sections will require clinical information if the stay exceeds 4 days. Breast reconstruction procedures will require clinical information prior to admission unless billed with ICD-10 C50.011 - C50.929, C79.81, D05.00 - D05.92, Z85.3, Z80.3, and/or Z90.10 - Z90.13.