



PPO Prior Authorization List

Lucent Health Prior Authorization is a determination of medical necessity only and is not a guarantee of benefits or payment.

Prior Authorization requirements should be implemented only for those services listed within the Summary Benefit Plan.

Description as requiring notification or prior authorization and not defined as excluded. Notification allows for early identification of case management needs.

PRECERTIFICATION IS REQUIRED FOR THE FOLLOWING:

- Inpatient Hospital stays including Behavioral Health: Continuing hospital stays over 48 hours following vaginal delivery or 96 hours following a Cesarean section;
- Outpatient stays over 12 hours; Outpatient Surgeries (unless done in a doctor's office);
- Outpatient Chemotherapy and Radiation therapy;
- Pain Management procedures after first 3 treatments;
- Home Health care, Hospice care, Skilled Nursing care;
- Physical, Occupational, and Speech therapies after first 6 visits;
- Diagnostic services: MRI, CAT scan, and PET scan
- Hormonal Therapy
- Air Transport
- Genetic testing (including BRACA)
- Medical injections processed through the medical benefit which cost \$2,000 or more per drug per month, such as Oncology and transplant related injections, infusions and treatments (e.g. endocrine and immunotherapy), excluding supportive drugs (e.g. antiemetic and antihistamine)
- Infusion therapy (outside of an office setting)
- CART-T