

List of Services That Require Prior Authorization

To obtain the maximum benefits available under the plan, you or your provider is required to notify PrimeTime Health Plan of the following. [NOTE: This is not an exhaustive list. Please refer to your Evidence of Coverage for prior authorization requirements specific to your plan or contact the PrimeTime Health Plan Service Center at the number listed below.]

1. Inpatient stays (admissions) to:
 - a. Hospital
 - b. Skilled Nursing Facility
 - c. Rehabilitation Facility
2. Behavioral Health Services (please call the Service Center to determine if your specific plan has a requirement for these services.
 - a. Inpatient stays (admissions)
 - b. Partial Hospital Programs (PHP)
 - c. Inpatient detoxification
3. Non-emergency/urgent care outside of the United States
4. Cardiac and Pulmonary rehabilitation services
5. Certain outpatient diagnostic procedures, tests, lab studies and genetic testing
6. Certain outpatient X-rays and radiation therapy services
7. Non-emergent ambulance services
8. Durable Medical Equipment (DME) such as
 - a. Wound Vacuum Pumps
 - b. Vest Airway Clearance Systems
 - c. Cochlear devices and/or implants
 - d. Electric or motorized wheelchairs and scooters
 - e. Electric beds
 - f. Customized braces
9. Limb Prosthesis
10. Diabetic Supplies/Services/Shoes and Inserts
11. Reconstructive procedures that may be considered cosmetic some examples are: (Refer to the Inpatient Benefit Section of your Evidence of Coverage to determine benefit)
 - a. Varicose vein surgery (sclerotherapy)
 - b. Removal of excess skin with or without lipectomy
 - c. Surgical repair to the eyelids, eye brows, forehead
 - d. Weight loss procedures
 - e. Reconstruction of the chest (pectus excavatum)
 - f. Tummy Tuck (panniculectomy and/or abdominoplasty)
 - g. Breast reconstruction
 - h. Breast reduction including surgery for gynecomastia
12. Artificial lumbar disc surgery (Refer to the Inpatient Benefit Section of your Evidence of Coverage to determine benefit)
13. Surgery for snoring including laser assisted procedures (Refer to the Inpatient Benefit Section of your Evidence of Coverage to determine benefit)
14. Air ambulance transport (Note PrimeTime Health Plan follows Medicare Guidelines for all ambulance transport, however under certain circumstances, air ambulance transport may be considered.)
15. Hyperbaric oxygen therapy

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16. Solid organ transplants
17. Bone marrow transplants
18. Dialysis outside of the network
19. Comprehensive Dental Care that is covered by Medicare

IMPORTANT NOTE: PRIMETIME HEALTH PLAN FOLLOWS MEDICARE GUIDELINES FOR COVERAGE DETERMINATIONS. MEMBERS SHOULD REFER TO CHAPTER 4 OF THEIR EVIDENCE OF COVERAGE FOR ADDITIONAL ITEMS REQUIRING PRIOR AUTHORIZATION.

PrimeTime Health Plan Service Center

Call: 330.363.7407 or 1.800.577.5084

TTY: 330.363.7460 or 1.800.617.7446

Service Center Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.)