

Services Needing Approval

(Prior Authorization)

Dean Health Plan wants to make sure you get the right care at the right time. That's why we have a prior authorization system in place.*

The list below shows the most common services that require prior authorization, but it is not comprehensive.**



Services:

- Clinical trials
- Dental services required to treat accidental injury to teeth as stated in your member certificate and/or our Medical Policies
- Durable medical equipment (DME) as stated in our Medical Policies
- Elective hospital inpatient admissions and services
- Habilitative and Rehabilitative Physical and Occupational Therapy
- Home health care
- Hospice care
- Inpatient behavioral health and addiction services
- Inpatient rehabilitative confinement
- Certain Medical Injectables as stated in our Medical Policies
- Medical Supplies as stated in our Medical Policies (e.g., engineered products of wound healing, tube feeding formula)
- Bariatric surgery
- New technologies not commonly accepted as standard of care
- Non-emergency ambulance transport
- Covered oral surgery procedures when required by Medical Policy
- Certain outpatient behavioral health and addiction services (e.g., partial hospital or intensive outpatient programs)
- Outpatient hospital or ambulatory surgical
 - Surgical care at an ambulatory surgical center or a provider's office when required by a Medical Policy
- Outpatient physical and occupational therapy
- Certain outpatient radiology (e.g., MRI, CT, PET scan)
- Pain management services as stated in our Medical Policies
- Select diagnostic testing (e.g., some genetic testing)
- Skilled nursing facility/swing bed
- Sleep studies performed in a lab as stated in our Medical Policies
- Temporomandibular disorders (TMJ)
 - Surgical services
- Transplant services - (except cornea)

If you see an in-network provider, he or she will obtain authorization for you; please ensure that your provider has completed the authorization requirements prior to receiving services. If you want to confirm that your service requires a prior authorization please contact the Customer Care Center at 800-279-1301 for assistance.

HMO members only: If you see an out-of-network provider, you are responsible for obtaining an approved authorization prior to your visit.

*PPO and POS members only: If prior authorization or pre-certification is not obtained when required, a penalty may be applied if your service is determined medically necessary. If your service is determined to have been not medically necessary, your claim may be denied..

**To obtain specific benefit information and documented confirmation of services requiring prior authorization, please contact Dean Health Plan's Customer Care Center at 800-279-1301.

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