

Prior Authorization list 2026

IMPORTANT – Prior Authorization is not a guarantee of benefits or payment at the time of service. Benefits will vary between plans, so always verify benefits. This list is not intended to be all- inclusive. It includes tests that are most frequently requested and require prior authorization.

Prior Authorization is Not Required for the Following	HMO	HMO-POS	C-SNP	PPO
Prior Authorization is not required for visits to the In-Network Primary Care Provider	none	none	none	none
Prior Authorization is not required for visits to the In-Network Specialty Care Provider	none	none	none	none
Prior Authorization is not required for In-Network Medicare Covered Preventive Care	none	none	none	none
Prior Authorization Required for the Following	HMO	HMO-POS	C-SNP	PPO
Prior Authorization is required for ALL SERVICES provided by Out of Network (Non-Contracted) providers except for Emergency Services, PCP and specialist office visits, and use of out-of-network benefits in HMO, HMO-POS, and HMO C-SNP products. See Endnote ⁵	X	X	X	X
Prior Authorization is required for the procedures/services below (for In-Network and Out of Network providers)*PA not required for PPO plans Out of Network services	X	X	X	X
Prior Authorization required for admission to these facilities/programs listed below (the admission may be subject to concurrent review):	X	X	X	X
• Acute admissions to In-Network hospitals (medical, surgical, behavioral health)	X	X	X	X
• Admissions to LTAC, Acute Rehabilitation, and SNF facilities	X	X	X	X
• Skilled Home Health	X	X	X	X
Notification required for DISCHARGE from all facilities	X	X	X	X
Prior Authorization Required: Elective Services and Surgeries	HMO	HMO-POS	C-SNP	PPO
• Abdominoplasty	X	X	X	X
• Ablation (Bone marrow, Liver, Kidney, Prostate)	X	X	X	X
• Back surgery including spinal fusion, laminectomy, etc., disc replacement, and vertebroplasty and kyphoplasty	X	X	X	X
• Balloon Sinuplasty	X	X	X	X

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• Blepharoplasty	X	X	X	X
• Breast Procedures (Breast Cancer Biopsy, Lumpectomy, Simple Mastectomy and Gynecomastia Surgery)	X	X	X	X
• Cardiac Ablation	X	X	X	X
• Cardiac Catherization	X	X	X	X
• Cardiac External Counterpulsation (EECP)	X	X	X	X
• Cardiac Left Atrial Occlusion Procedure (Watchman)	X	X	X	X
• Cardiac transaortic or transapical valve insertion or replacement (TAVR or TMVR)	X	X	X	X
• Cardiac ventricular assist devices (VAD)	X	X	X	X
• Cochlear and Auditory implants	X	X	X	X
• Elective Surgeries (Cardiovascular, CNS, ENT, Integument, GI, Gynecologic, Ophthalmologic, Orthopedic, Podiatric, Pulmonary, Spinal, Urologic)	X	X	X	X
• ENT Surgeries (e.g. Otoplasty, Nasal and Sinus Endoscopic Procedures)	X	X	X	X
• Gastric pacing/stimulation	X	X	X	X
• Neurological Procedures (e.g. Deep brain stimulator placement, Intrathecal pain pump implantation)	X	X	X	X
• Ophthalmologic Surgeries	X	X	X	X
• Oral, Orthognathic, Temporomandibular Joint Surgeries	X	X	X	X
• Outpatient and Ambulatory Surgery	X	X	X	X
• Prosthetic Devices	X	X	X	X
• Spinal stimulator trial and placement	X	X	X	X
• Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	X	X	X	X
• Urological Surgeries (e.g. Bladder Sling Surgery)	X	X	X	X
• Varicose veins: surgical treatment and/or sclerotherapy	X	X	X	X
• Weight loss (bariatric) surgeries	X	X	X	X
Prior Authorization Required	HMO	HMO-POS	C-SNP	PPO
• Advanced Imaging (CT scans, MRI, MRA and PET Scans),	X	X	X	X
• Chemotherapy	X	X	X	X
• Radiation Therapy	X	X	X	X
• Cardiac Imaging	X	X	X	X
• Cardiovascular Interventions	X	X	X	X
• Molecular Lab testing	X	X	X	X

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• Prior Authorization Required: Transportation	HMO	HMO-POS	C-SNP	PPO
• Ambulance Transport Fixed wing or jet medical transports and non-emergent helicopter-Non-Emergent	X	X	X	X
• Prior Authorization Required: Therapies	HMO-	HMO-POS	C-SNP	PPO
• Applied behavioral analysis (ABA) therapy	X	X	X	X
• Hyperbaric Therapy	X	X	X	X
• Chiropractic services	X	X	X	X
• Physical, Occupational, Speech Therapy	X	X	X	X
• Radiation Therapy	X	X	X	X
Prior Authorization Required: Part B Drugs	HMO	HMO-POS	C-SNP	PPO
• Step Therapy may be required				
Please reference Part B list on http://myzinghealth.com	X	X	X	X
• Chemotherapy	X	X	X	X

Prior Authorization Required: DME	HMO	HMO-POS	C-SNP	PPO
• Oxygen therapy	X	X	X	X
• Bone growth stimulators	X	X	X	X
• CPAP's	X	X	X	X
• Hospital beds	X	X	X	X
• Electric wheelchairs and scooters	X	X	X	X
• Defibrillators (external) and related equipment (includes chest/vest defibrillators)	X	X	X	X
• External Ambulatory Pumps (e.g. insulin)	X	X	X	X
• High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment	X	X	X	X

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• Implantable Infusions Pumps	X	X	X	X
• Lower and upper limb prosthetics (including myoelectric and microprocessor controlled) and related equipment/supplies	X	X	X	X
• Non-specific, miscellaneous, and unlisted prosthetic and DME codes	X	X	X	X
• Power operated vehicles and related equipment	X	X	X	X
• Sacral nerve stimulator	X	X	X	X
• Spinal Cord Stimulators	X	X	X	X
• Vagal nerve stimulators	X	X	X	X
• Other DME- call Zing for specific codes that require authorization	X	X	X	X

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