

ActiveHealth Management, Inc. Recommended Prior Authorization Utilization Management Review Service List		Prior Authorization: Yes or No
Inpatient Admissions		
Hospitalizations		
Behavioral Health or Substance Abuse		Yes
Medical and Surgical Admissions		Yes
Hospice		Yes
Rehab		Yes
Maternity Reviews (Review beyond 48/96 Federal Mandate)		Yes
LTAC		Yes
SNF		Yes
Behavioral Health or Substance Abuse		
Residential Treatment Center (RTC)		Yes
Intensive Outpatient (IOP)		Yes
Partial Hospitalization (PH)		Yes
Bariatric Surgery		
Inpatient		Yes
Outpatient		Yes
Cosmetic Procedures		
Abdominoplasty		Yes
Blepharoplasty		Yes
Breast-Related Procedures		Yes
Genioplasty		Yes
Lipectomy		Yes
Otoplasty		Yes
Penile Procedures		Yes
Rhinoplasty		Yes
Scar Revision		Yes
Septoplasty		Yes
Tissue Expander		Yes
Varicose Vein Procedures		Yes
Durable Medical Equipment or Prosthetics		Yes
Experimental & Investigational		
Artificial Disc		Yes
Cingulotomy for OCD		Yes
Gastric Reflux Devices		Yes
IDET		Yes
X-Stop		Yes
Home Health Care (Excludes Home Infusion Therapy (HIT))		Yes
Injectable Medications		
Darbepoetin Alpha		Yes
Epoetin Alpha		Yes

Epogen	Yes
Exondys 51	Yes
Growth Hormone	Yes
Increlex	Yes
Infergen®	Yes
Intron® A	Yes
IVIg	Yes
Mecasermin	Yes
Pegasys®/PEG-Intron®	Yes
Procrit	Yes
Micera Blood Clotting Factor	Yes
Rebetron®	Yes
Roferon® A	Yes
Spinraza	Yes
Synagis	Yes
Xoliar®	Yes
Zolgensma®	Yes
High Cost Injectable Medications	
Zolgensma	Yes
Myalept	Yes
Luxturna	Yes
Brineura	Yes
Blinicyto	Yes
Lumizyme	Yes
Actimmune	Yes
Soliris	Yes
Takhzyro	Yes
Cinryze	Yes
Folotyn	Yes
Gattex	Yes
H.P. Acthar gel	Yes
Ilaris	Yes
Tegsedi	Yes
Onpattro	Yes
Outpatient Procedures	
Ankle Replacement	Yes
Back and Neck Procedures	Yes
Cranial Banding	Yes
Dental Implants	Yes
External Counterpulsation	Yes
Facet Joint Injection	Yes
Hyperbaric Therapy	Yes
Hysterectomy	Yes
Stereotactic Radiosurgery	Yes

TMJ Procedures	Yes
Unlisted Laparoscopic Procedure of Abdomen	Yes
Uvulopalatopharyngoplasty (UPPP)	Yes
Radiology	
CT Scan	
Sinus	Yes
Brain	Yes
MRI	
Knee	Yes
Cervical Spine	Yes
Thoracic Spine	Yes
Lumbar Spine	Yes
MRA	Yes
CTA	Yes
SPECT Scan	Yes
Brain	Yes
Lung	Yes
Heart	Yes
IMRT	Yes
Proton or Neutron Beam Radiotherapy	Yes
Therapies -OT, PT, ST > 18	Yes
Transplants including CAR-T Cellular Therapy	Yes

ActiveHealth Management, Inc. Recommended Transgender Prior Authorization Review Service List (Below List applicable only if Transgender is a benefit)	Prior Authorization: Yes or No
Transgender Services	No
Inpatient / Outpatient Surgery	No
Behavioral Health	No
Cosmetic Procedures The following procedures that may be performed as a component of a gender reassignment are considered cosmetic (not an all-inclusive list). Please refer to plan document (SPD).	
Abdominoplasty	No
Blepharoplasty	No
Brow lift	No
Calf implants	No
Cheek/malar implants	No
Chin/nose implants	No
Collagen injections	No
Construction of a clitoral hood	No
Drugs for hair loss or growth	No
Forehead lift	No
Hair removal	No

Hair transplantation	No
Lip reduction	No
Liposuction	No
Mastopexy	No
Neck tightening	No
Pectoral implants	No
Removal of redundant skin	No
Rhinoplasty	No
Voice therapy/voice lessons	No