My Family Medical Group Prior Authorization List

What Services require Authorizations

Authorizations are a key part of the Utilization Management Process for managed care healthcare members and their providers. It is essential for providers to know which services require authorization before the service is provided to the members while some other services do not require authorization. Per My Family Medical Group's Utilization Management Program, the list of the services requiring authorizations and which do not require authorization, are summarized as follows:

Services Requiring Authorization:

- Ambulatory Care
- Inpatient Services
- Skilled Nursing Facility Services
- Home Health Care
- Rehabilitative Services (such as physical, occupational and speech therapies)
- Physician-administered drugs
- Durable Medical Equipment and/or Supplies

Services Not Requiring Authorization:

- Primary Care Provider Services
- Specific OB/GYN services
- Abortion Services
- Dialysis
- Hospice Care
- Sexually Transmitted Disease treatments
- Family Planning Services
- Mental Health evaluations
- Maternity Care
- Vision
- Sensitive Services, both child and adult
- Emergent/Urgent Care
- Services related to Sexual Assault or Sexually Transmitted Disease (applies to Minor Consent Services)
- HIV Testing/Counseling
- Language Assistance Program/Interpretation Services
- Health Education

- Behavioral Health Screenings, Mental Health Counseling/treatment, Drug & Alcohol Abuse (as delegated and at risk)
- Carve Out Programs such as MLTSS, IHSS, CBAS, CCS, Behavioral Health per Health Plan designation of a Behavioral Health Organization to provide and manage the services.
- Out of Area Renal Dialysis Services (as Delegated/at risk)
- Tobacco Cessation.