

Medicare Advantage

Prior Authorization List



To receive coverage for services or equipment below, you must receive approval from the plan. Requests must be made at least three (3) business days in advance. This list does not guarantee eligibility or coverage; services must be medically necessary and available under your plan. The provider is responsible for obtaining the prior authorization. Select services provided by Sanford providers are waived for prior authorization and identified below.

Effective 1/1/2026

Procedure or Service	Comments
Admissions	Admissions include: <ul style="list-style-type: none"> Inpatient Rehabilitation Long Term Acute Care Facility Residential Treatment Inpatient Medical, Mental Health or Substance Use/Abuse Skilled Nursing Facility Swing Bed Inpatient Surgical (Elective)
Ambulance: Land and Air Transportation	Prior authorization for non-emergent transport only
Autologous Cultured Chondrocytes	Prior authorization through EviCore
Cardiology Testing and Services	Prior authorization for Services will be submitted to EviCore
Durable Medical Equipment (DME)	Includes but is not limited to: <ul style="list-style-type: none"> Airway Clearance Device DME item greater than \$10,000 (billed charges) Hospital or Specialty Beds Select Orthotics and Prosthetics Pneumatic Compression with External Pump Power Wheelchairs and Accessories Prosthetic Limbs Scooters Speech Generating Devices Infusion pump
Gender-Affirming Medical and Surgical Treatment	
Home Health	Home Health Services include: <ul style="list-style-type: none"> Home Health Services
Implants/Stimulators	Implants and Stimulators include: <ul style="list-style-type: none"> Spinal Cord Stimulator (Device and Procedure) Bone Growth Stimulator for the 5th Metatarsal
InFUSE Bone Graft (Bmp-2) Procedure	
Joint Surgery and Procedures	Prior authorization for services will be submitted to EviCore <ul style="list-style-type: none"> Femoro-Acetabular Surgery for Hip Impingement Syndrome Knee Arthroscopy Total Hip Replacement Total Knee Replacement

Procedure or Service	Comments
Oncology (Cancer) Services and Treatment	Prior authorization for services will be submitted to Evi ▪ All chemotherapy and radiation therapy
Oral Appliances and Other Treatments	For Obstructive Sleep Apnea
Outpatient Services	Outpatient services include but is not limited to: <div> <div> ▪ Brachytherapy ▪ Neuromuscular Electrical ▪ Radiofrequency Ablation ▪ Tissue Engineered Skin Substitute ▪ Genetic Testing </div> <div> ▪ Interventional Pain Management ▪ High-end Imaging Radiology Services </div> </div>
Surgical Procedures	Includes but is not limited to:: <div> <div> ▪ Abdominoplasty or Panniculectomy ▪ Bariatric Surgery ▪ Breast Implant Removal, Revision or Re-implantation (Non-cancer related) ▪ Breast Reconstruction and Mastectomy (Non-cancer related) </div> <div> ▪ Mammoplasty ▪ Reconstructive Surgery (Non-cosmetic) ▪ Rhinoplasty ▪ Scar Revision ▪ Septoplasty ▪ Lipectomy ▪ Cosmetic Surgery and Treatments </div> </div>
Spine (Back) Surgery	Prior authorization for services will be submitted to EviCore ▪ All inpatient and outpatient spine surgery
Transplants	Includes transplant evaluation and all transplant services

For complete prior authorization information, please refer to your plan documents located in the secure member portal at **MyAdvocateMA.com**. Please refer to the formulary for medications that require prior authorization.

MyAdvocate Medicare Advantage is an HMO-POS plan with a Medicare contract. Enrollment in MyAdvocate Medicare Advantage depends on contract renewal. MyAdvocate Medicare Advantage complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations. Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call 1-888-298-4650 (TTY: 711) or speak with your healthcare provider. Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-298-4650 (TTY: 711) o hable con su proveedor. Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-298-4650 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

If you require materials in large print, please call 1-888-298-4650 (TTY 711).