

Prior Authorization Guidelines

This Prior Authorization Grid reflects services that require prior authorization and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate Evidence of Coverage (EOC), available online at www.antidotehealth.com/provider, for a complete list of covered benefits.

PA is required for all inpatient admissions and all outpatient surgeries/procedures unless this guideline explicitly lists the service as PA Not Required or law prohibits PA.

What to know:

- This document is informational. It does not direct clinical care or replace medical judgment.
- Review requirements may vary at our discretion. Approval applies only to the specific service/supply authorized.
- Services listed as “PA not required” remain subject to all member plan coverage terms (benefits, exclusions, and medical necessity).
- Prior authorization (PA) is required when Antidote Health is the primary or secondary payer.

Category of Service	Services Requiring Prior Authorization
Behavioral Health	<ul style="list-style-type: none"> • All Admissions for: <ul style="list-style-type: none"> • Acute Inpatient Psychiatric • Partial Hospitalization Programs (PHP) • Residential Mental Health • Substance Use Disorder, including Detoxification • Applied Behavior Analysis (ABA) Services • Electroconvulsive Therapy (ECT) • Intensive Outpatient Program (IOP) • Psychological Testing • Psycho-diagnostic Evaluation • Psychotherapy Treatment • Office-based Opioid Treatment and Withdrawal Management • Transcranial Magnetic Stimulation (rTMS) • Vagus Stimulation Treatments
Diagnostic Imaging	<ul style="list-style-type: none"> • Computerized Tomography Scans (CT) • Magnetic Resonance Angiography (MRA) • Magnetic Resonance Imaging (MRI) • Nuclear Cardiology Procedures (e.g., Stress Tests/ Treadmill)

	<ul style="list-style-type: none"> • Positron-Emission Tomography (PET/PET-CT) • Single-Photon Emission Computerized Tomography (SPECT) • Ultrasounds - Level II
Durable Medical Equipment (DME), Medical Equipment and Supplies	<ul style="list-style-type: none"> • All DME, Medical Equipment and Supplies with a cost greater than
Experimental/Investigational Treatment, Procedures and Drugs	<ul style="list-style-type: none"> • Clinical Trials • Investigational and Experimental Drug Therapies • Experimental Procedures • New Technologies non-FDA approved for use (e.g., Robotic Surgery) • Non-FDA approved and/or off-label use
Home Health/Hospice	<ul style="list-style-type: none"> • All Home Health Services (Registered Nurse, Physical, Speech and Occupational Therapists, Home Health Aides, etc.) • Home Intravenous (IV) Infusions • Hospice Services • PT/ OT/ Speech Therapy - PA required after 12th visit
Inpatient Admissions	<ul style="list-style-type: none"> • All Elective Inpatient Admissions and Admissions via ED to: <ul style="list-style-type: none"> • Acute Care Hospitals • Long Term Acute Care Hospital (LTACH) • Extended Care Facility (ECF) • Rehabilitation and Therapy Services: <ul style="list-style-type: none"> • Acute Inpatient Rehabilitation or Acute Rehabilitation Unit (AIR/ARU) • Skilled Nursing Facilities (SNF) • Subacute Nursing Facilities
Medications	<ul style="list-style-type: none"> • Infusion Services • Injections (Excluding Immunizations) >\$500 • Non-Formulary Prescription Drugs • Physician Administered Drugs (PADS)
Non-Contracted Providers/Out of Network	<ul style="list-style-type: none"> • All Non-Urgent/Non-Emergent Medical or Behavioral Health Services rendered by Non-Contracted Providers

<p>Outpatient Services and Procedures</p>	<ul style="list-style-type: none"> • Acupuncture Services • All Outpatient Procedures (e.g., Amniocentesis, Nerve Conduction Studies, Varicose Vein Treatment Performed Outside of a Physician's Office, Endoscopy and Colonoscopy) • All Outpatient Surgery (e.g., Cataract Surgery, Tonsillectomy, Abdominoplasty, Panniculectomy, Breast Reduction and Augmentation Surgery) • Automated External Defibrillator (AED), Holter, Mobile Cardiac Telemetry Monitoring Services • CAR T-cell Therapy • Cardiac and Pulmonary Rehabilitation • Chemotherapy and Radiation Treatment (e.g., Brachytherapy, Neutron Beam therapy, Proton Beam Therapy, Intensity-modulated Radiation Therapy (IMRT), Stereotactic Body Radiation Therapy (SBRT), Stereotactic radiosurgery (SRS), Gamma-ray and CyberKnife) • Chiropractic Services - PA required after 12th visit • Dental Surgery, Dental Anesthesiology Service, Jaw Surgery and Orthognathic Procedures • Dialysis: All hemodialysis and peritoneal, continuous ambulatory peritoneal dialysis (CAPD), automated peritoneal dialysis (APD), Continuous cycling peritoneal dialysis (CCPD). • Gender Affirming Therapy and Surgery • Genetic Testing (see Appendix A) and Counseling • Hyperbaric Oxygen Therapy • Infertility Services • Neuropsychological testing • Non-routine Laboratory, Ultrasound and Radiology Services • Outpatient Therapies (Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST)) - PA required after 12th visit • Pain Management Services • Reconstructive Procedures • Sleep Studies • Spinal Procedures, including all Injections • Surgical Implants (e.g., Pacemaker, Baclofen Pump, Neuro and Spinal Cord Stimulators, Cochlear Auditory Implant)
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	<ul style="list-style-type: none"> • Temporomandibular Disorder (TMJ) Treatment • Unclassified Procedures • Ventricular Assist Device
Post Stabilization	<ul style="list-style-type: none"> • Inpatient Admission following Stabilization of an Emergency Condition
Prescription Medications	<ul style="list-style-type: none"> • Refer to the Antidote Health Formulary available at: https://www.antidotehealth.com/find-medications to determine which prescription medications require Prior Authorization
Therapies (Home and Inpatient)	<ul style="list-style-type: none"> • All Physiological, Occupational and Speech Therapies, including: <ul style="list-style-type: none"> • Shockwave Therapy • Vestibular Therapy • Lymphatic Therapy • Respiratory Therapy • Urogynecological Therapy • Neurophysiological • Anorectal Rehabilitation
Weight Reduction	<ul style="list-style-type: none"> • All Bariatric Surgeries and Procedures
Transplants	<ul style="list-style-type: none"> • All Transplants and Related Services
Transportation: Non-Emergency Medical Transport	<ul style="list-style-type: none"> • Non-Emergency Medical Transport (NEMT) (including Fixed-Wing Air Transport)
Other	<ul style="list-style-type: none"> • All Non-urgent/Non-emergent Services Performed outside the Service Area • All Non-covered Services • Any Service that Exceeds the Benefit Limit



Prior Authorization is not required for the following services:

Category of Service	Services NOT Requiring Prior Authorization
Behavioral Health	<ul style="list-style-type: none">Behavioral Health Counseling and Therapy Services, including:<ul style="list-style-type: none">FamilyCoupleGroupTelebehavioral Health Services
Hydration	<ul style="list-style-type: none">Performed in Conjunction with a Service Requiring Prior Authorization (e.g., Chemotherapy)
Immunizations/Vaccinations	<ul style="list-style-type: none">Performed at an Antidote Contracted PharmacyInformation about Antidote's Contracted Pharmacy Network is located at https://www.antidotehealth.com/find-medications
Routine Services	<ul style="list-style-type: none">Routine Laboratory Tests (except Genetic Tests reflected on Appendix A), Ultrasound (except for Ultrasounds - Level II or Greater than Two Ultrasounds per Pregnancy)
Testing	<ul style="list-style-type: none">Fetal Non-stress TestingHIV Testing
Transportation	<ul style="list-style-type: none">Emergency Medical Transportation
Urgent Care	<ul style="list-style-type: none">Telehealth for Urgent Care Services
Other	<ul style="list-style-type: none">Family Planning Services

Appendix A
Genetic Testing Requiring Prior Authorization

CPT Code	CPT Description
81162	Comprehensive analysis of BRCA1 and BRCA2 genes, including full sequencing and large rearrangement detection for hereditary breast and ovarian cancer risk.
81201	Full gene sequence analysis of the APC gene to diagnose familial adenomatous polyposis (FAP) and attenuated FAP.
81203	Analysis of APC gene for duplication and deletion variants, used in diagnosing FAP and assessing genetic predisposition to colorectal cancer.
81206	BCR/ABL1 translocation analysis targeting the major breakpoint, used in diagnosing chronic myelogenous leukemia (CML).
81207	BCR/ABL1 translocation analysis targeting the minor breakpoint, relevant for CML and acute lymphoblastic leukemia (ALL).
81210	Genetic analysis of the BRAF gene for common variants, especially V600E, used in cancer diagnostics like melanoma and colorectal cancer.
81212	BRCA1 and BRCA2 variant analysis for 185delAG, 5385insC, and 6174delT mutations, commonly used in hereditary cancer risk assessment.
81219	Analysis of CALR gene exon 9 variants, used in diagnosing myeloproliferative disorders like essential thrombocythemia and primary myelofibrosis.
81220	CFTR gene analysis for common variants associated with cystic fibrosis, often used in prenatal and carrier screening.
81229	Genome-wide cytogenomic analysis using CGH microarray to detect copy number variants and SNPs, used for evaluating developmental delays and congenital anomalies.
81240	Genetic analysis of the F2 (prothrombin) gene for the 20210G>A variant, used to assess risk for hereditary hypercoagulability (e.g., deep vein thrombosis).
81241	Genetic analysis of the F5 (Factor V) gene for the Leiden variant, associated with increased risk of thrombosis and hereditary hypercoagulability.
81259	Full gene sequence analysis of HBA1 and HBA2 genes, used to diagnose alpha thalassemia and other hemoglobinopathies.
81403	Level 4 molecular pathology procedure for moderate complexity genetic tests, including mutation scanning and sequencing of 2–5 exons.
81404	Level 5 molecular pathology procedure for dynamic mutation disorders and sequencing of 6–10 exons, used in diagnosing muscular dystrophies, metabolic, and renal disorders.
81405	Level 6 molecular pathology procedure for 6–10 exon sequencing or 11–25 exon scanning, used in diagnosing cardiomyopathies, metabolic, and neurological disorders.
81406	Level 7 molecular pathology procedure for 11–25 exon sequencing or 26–50 exon scanning, used in diagnosing complex genetic disorders.
81407	Level 8 molecular pathology procedure for 26–50 exon sequencing, used in multi-gene analysis for hereditary conditions.
81408	Level 9 molecular pathology procedure for >50 exon sequencing in a single gene, used in diagnosing rare and complex genetic disorders like Stargardt disease and Usher syndrome.
81412	Genomic sequence analysis panel for Ashkenazi Jewish-associated disorders, testing at least nine genes including CFTR, HEXA, GBA, etc.

81420	Genomic sequence analysis panel for fetal chromosomal aneuploidy using cell-free fetal DNA in maternal blood. Screens for trisomy 13, 18, and 21 (e.g., Down syndrome) in a non-invasive prenatal test (NIPT).
81432	Genomic sequence analysis panel for hereditary breast cancer-related disorders, analyzing 5 or more genes including BRCA1/2, MLH1, MSH2, etc., for sequence and copy number variants.
81433	Duplication/deletion analysis panel for hereditary breast cancer-related disorders, focusing on genes like BRCA1, BRCA2, MLH1, MSH2, STK11.
81435	Genomic sequence analysis panel for hereditary colon cancer syndromes (e.g., Lynch syndrome), analyzing 5 or more genes for sequence and copy number variants.
81437	Genomic sequence analysis panel for hereditary neuroendocrine tumor disorders, including genes related to medullary thyroid carcinoma, pheochromocytoma, etc.
81438	Duplication/deletion analysis panel for hereditary neuroendocrine tumor disorders, targeting genes like SDHB, SDHC, SDHD, and VHL.
81443	Genomic sequence analysis panel for severe inherited conditions, sequencing 15 or more genes (e.g., CFTR, GAA, HBB), often used in Ashkenazi Jewish carrier screening.
81445	Genomic sequence analysis panel for solid organ neoplasms, analyzing 5–50 genes for DNA/RNA alterations in tumor specimens.
81450	Genomic sequence analysis panel for hematolymphoid neoplasms, analyzing 5–50 genes in blood or bone marrow for DNA/RNA alterations.
81479	Unlisted molecular pathology procedure. Used when no specific CPT code exists for a novel or unique molecular test. Requires detailed documentation.