

## SERVICES REQUIRING SFCCN PRIOR AUTHORIZATION

ALL Out-of-Subnetwork and SFCCN Services require review and authorization by the Subnetwork Medical Director.

Chemotherapy

Consultations-Outpatient/Office

1. All out of Subnetwork (Broward Health)
2. All out of SFCCN network referrals
3. Specialist to Specialist Referrals

Dental Services specific to Orthodontics, Dentures and Appliances

Dialysis (Peritoneal and Hemodialysis)

Elective Surgery ( Inpatient, Outpatient, Ambulatory Surgery)

Emergency Visits (Retrospective authorization is for payment only, NOT service approval)

Enteric Feedings/Nutritional Supplements

All Invasive Diagnostic procedures to include but not limited to: Endoscopies, Cardiac Catheterizations, Electrophysiological Studies (EPS), Angiograms, Cryptograms' and Amniocentesis.

Growth Hormone Treatment

Home Health Care/DME/Oxygen & Related Equipment and Services

Hyperbaric Oxygen Therapy

Inpatient Admissions (Emergent and Non-Emergent)

Mental Health Inpatient Admissions (Contact UMBH @ 1 (800) 294-8642)

MRI

Nerve Conduction Studies/EMG

Observation Stays

Obstetrical Care

Oral Surgery

Orthotics/Prosthetics

PET Scans

Pharmacologic/Exercise/Echo Stress Tests (Thallium, Cardiolyte, etc.)

Plastic Surgery

Radiation Therapy

Sleep Apnea Studies and Related Care

Therapy Services – Speech, Occupational, Physical, Respiratory, etc.

Transplants and Related Care

Any service authorizations/pending cases prescribed or authorized before the enrollee's effective date with the SFCCN/PSN