

Prior Authorization



Prior Authorization is required for the following covered services

2017 Tribute Health Plan of Arkansas
Authorization by Service Level

- **Durable Medical Equipment and Related Supplies**
For services with billed charges in excess of \$500
- **Home Health Agency Care**
- **Inpatient Hospital Care**
Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services
- **Inpatient Mental Health Care**
- **Dialysis Services**
- **Outpatient High Tech Radiological Diagnostic Services** Includes MRI, MRA, PET, CTA, CT and SPET Scans
- **Outpatient Rehabilitation Services**
Includes physical therapy, occupational therapy, and speech language therapy
- **Outpatient Surgeries**
- **Prosthetic Devices and Related Supplies**
For services with billed charges in excess of \$500
- **Skilled Nursing Facility (SNF) Care**

Arkansas

Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review.

All medical care, services, supplies and equipment must be medically necessary.

Authorization forms and supporting documentation should be faxed to 800-413-8347 with all necessary and proper information to support the request for services and medical necessity.