2026 Prior Authorizations

Abilis Health Plan

Services must be provided in accordance with Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies, and equipment must be medically necessary.

Prior Authorization is Required for the Following Covered Services:

Service	Notes
Ambulance Serviced (Non-Emergent)	Prior Authorization is **NOT** required for Members returning to their original Long-Term Care (LTC) facility when billed with Modifier HN.
Ambulatory Surgical Center (ASC) Services	
Cardiac & Pulmonary Rehabilitation Services	
Chiropractic Services	
Diabetic Services, Supplies & Therapeutic Shoes / Inserts	
Durable Medical Equipment (DME)	Prior Authorization is required for DME items when monthly billed charges exceed $250.
Home Health Services	
Inpatient Hospital (Acute & Psychiatric)	
Intensive Outpatient Program Services	
Non-Participating Providers	Prior Authorization is required for all services provided by Non-Participating Providers.
Observation Services	
Opioid Treatment Program Services	
Orthotics & Prosthetics (O & P)	Prior Authorization is required for O&P items when monthly billed charges exceed $250.
Outpatient Diagnostic Procedures (High-Tech Radiology, Lab Services, and Test)	Prior Authorization is **NOT** required for general X-ray services or when tests are performed at an in-network physician's office or a skilled nursing facility.
Outpatient Hospital Services	
Palliative Care	
Part B Drugs & Chemotherapy / Radiation Drugs	Prior Authorization is required for the initial administration of covered drugs and for covered drugs with billed charges exceeding $250 per month.
Partial Hospitalization Program	
Skilled Nursing Facility (SNF) Services	
Telehealth Services	

Provider Quick Links

Submit Request For Services
Prior Authorization

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For Providers