



Effective January 1, 2026, Essence Healthcare requires prior authorization for the following items and services (excluding drugs):

Category	Additional Information
Abdominoplasty/ Panniculectomy surgery	
Ambulance services	Prior authorization is required for non-emergent air ambulance and non-emergent ground ambulance transfers except transfers from facility to facility (i.e. acute to acute, acute to long-term acute care, acute to skilled nursing facility, acute to acute rehabilitation facility).
Artificial disk surgery	
Autologous Chondrocyte Implantation Procedures	
Bariatric surgery	
Behavioral health services	Acute inpatient admissions
	Group therapy
	Intensive outpatient program
	Outpatient Electroconvulsive therapy
	Partial hospitalization
	Transcranial magnetic stimulation (TMS)
Bio-engineered Skin Substitute including application	
Blepharoplasty/ Brow Lift/ Eyelid ptosis repair	
Bone Anchored Hearing Device/ Cochlear Implant	
Brain/Spinal cord/Nerve Stimulators	
Breast Reduction Reconstruction/Augmentation, Mastectomy for Gynecomastia	
Genetic Testing	
CardioMEMS	
Diabetic supplies	Continuous glucose monitor (CGM) and supplies
	Diabetes testing supplies (non-preferred)
Durable Medical Equipment	Air fluidized bed
	Ambulatory infusion pumps (portable and stationary) including supplies
	Bandages: padding, conforming, compression, adherent, impregnated, resorbable, heel or elbow protector
	Compression burn garment, masks

Custom molded diabetic shoes
Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm
Enteral and parenteral supplies, not otherwise classified
External urinary catheters
Gradient compression garments, stockings, wraps, sleeves, gloves
Heat lamps and pads (water, fluid, infrared)
High frequency chest wall oscillation system vest and hose, replacement for use with patient-owned equipment
Hospital beds and mattresses (including overlays)
Hydrocollator unit, includes pads
Hydrocollator unit, portable
Infusion pumps (portable and stationary) including supplies
Manual and power wheelchairs and accessories
Mattresses and pads: dry pressure, air pressure, water pressure, gel pressure
Miscellaneous DME and supply, accessory, and/or service
Nonelastic binder for extremity
Oral device/appliances
Oxygen probe for use with oximeter device, replacement
Patient lift and transfer systems: sling, seat, seat lift mechanism
Pneumatic, non-pneumatic, intermittent compression: appliance, compressor, garment
Powered air flotation bed (low air loss therapy)
Pump for alternating pressure pad, for replacement only
Pump for water circulating pad
Replacement lens shield cartridge for use with laser skin piercing device
Replacement pad for infrared heating pad system
Replacement pad for use with medically necessary alternating pressure pad owned by patient
Respiratory devices: oxygen, BiPAP, CPAP (including humidifiers)
Respiratory devices: percussive, stimulating, oscillation
Safety enclosure frame/canopy for use with hospital bed
Safety equipment and restraints, device or accessory
Skin sealants, protectants, moisturizers, ointments, any type, any size
Speech generating devices and accessories
Sterile water, saline and/or dextrose, diluent/flush
Stimulators: osteogenesis, neuromuscular, electrical
Suction pumps (portable or stationary) including supplies
Surgical supply; miscellaneous
Traction devices



	Transcutaneous electrical nerve stimulation (TENS) devices and garments
	Transfer tub rail attachment and benches
	Trapeze bars
	Ultraviolet light therapy system
	Wound cleansers, fillers and dressings
Emerging technology, services and procedures	
Facial Osteotomy, Genioplasty, Orthognathic Surgery, Maxillofacial Surgery Requiring Hospitalization of a Non-Emergency Basis	
Hyperbaric Oxygen Therapy	
Inpatient admissions	Acute hospitals – notification of admission is required within 24 hours
	Acute rehabilitation facilities
	Long-term acute care
	Skilled nursing facilities
Nasal Reconstruction/ Rhinoplasty	
Nasal/Sinus Endoscopy	
Non-covered services and items	Medicare non-covered services and items
Orthotics and Prosthetics	Above knee (AK), all types
	Addition to lower extremity, all types
	Addition to lower extremity, endoskeletal system, above knee (AK) or below knee (BK), all types
	Addition to lower extremity, pelvic control, plastic or metal frame, molded to patient model, reciprocating hip joint and cables
	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model
	Addition to lower limb prosthesis, all types
	Addition to lower limb prosthesis, vacuum pump, residual limb volume management, all types
	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
	Addition, endoskeletal knee-shin system, endoskeletal lower extremity prostheses, all types
	Addition, exoskeletal knee-shin system, exoskeletal lower extremity prostheses, all types
	All lower extremity prostheses, all types
	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)
	Ankle and Ankle-Foot orthosis (AO), all types

Ankle, Symes, molded socket, SACH foot, metal frame, molded leather socket, articulated ankle/foot (SACH)
Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only
Ankle-foot orthosis (AFO), all types
Below knee (BK), all types
Breast prosthesis, all types (including nipple prosthesis)
Cervical-thoracic-lumbar-sacral orthosis (CTLSO), all types
Custom fabricated: Cranial cervical orthosis
Custom shaped protective cover, below knee (BK), above knee (AK), knee disarticulation, hip disarticulation
Dynamic adjustable extension and/or flexion devices and accessories
Elbow-wrist-hand-finger orthosis (EWHFO), all types
Foot insert (including arch support), all types
Foot, abduction rotation bar, with/without shoes
Foot, adductus positioning device, adjustable
Foot, adjustable shoe-styled positioning device
Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each
Foot, shoe molded to patient model, silicone shoe or Plastazote (or similar), custom fabricated, each
Full sole and heel wedge, between sole
Hallux-valgus night dynamic splint, prefabricated, off-the-shelf
Heel wedge, SACH
Heel, counter, plastic or leather reinforced, SACH cushion type, new leather, new rubber, Thomas with wedge, Thomas extended to ball, pad and depression for spur, pad removable for spur
Hemipelvectomy, all types
Hip disarticulation, all types
Immediate postsurgical or early fitting, all types
Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)
Initial, below knee (BK) or above knee (AK), PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed
Knee disarticulation (or through knee), all types
Knee orthosis (KO), all types
Knee-ankle-foot orthosis (KAFO), all types
Lift, elevation: heel, tapered to metatarsals, heel and sole, neoprene, cork, metal extension (skate), inside shoe, per in
Lithium ion battery, rechargeable, battery charger, replacement
Lower extremity orthoses, not otherwise specified

Lumbar-sacral orthosis (LSO), all types
Metatarsal bar wedge, rocker or between sole
Midfacial, Upper facial, Hemi-facial, Auricular, Partial facial prosthesis, all types
Nasal prosthesis (including septal prosthesis), all types
Nonstandard size or width or length
Orthopedic footwear, additional charge for split size
Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
Orthopedic footwear, custom shoe, depth inlay, each
Orthopedic footwear, woman's and man's shoe, Oxford, used as an integral part of a brace (orthosis)
Orthopedic shoe modification, addition, or transfer not otherwise specified: insole, leather or rubber, felt covered with leather, sole half, sole full, toe tap standard, toe tap horseshoe, special extension to instep (leather with eyelets), convert instep to Velcro closure, convert firm shoe counter to soft counter, March bar
Other scoliosis procedure and body jackets
Partial foot, molded socket, ankle height or tibial tubercle height, with toe filler
Plastazote sandal, each
Preparatory, above knee (AK), all types
Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
Preparatory, below knee (BK), all types
Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, laminated socket, molded to patient model
Prosthetic sheath, below knee, each
Repair of prosthetic or orthotic device, repair or replace minor parts
Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSO) or spinal orthosis SO)
Replacement, socket, all types
Sacroiliac orthosis (SO), all types
Shoulder-elbow-wrist-hand orthosis (SEWHO), all types
Sole wedge, outside sole or between sole, clubfoot wedge, outflare wedge
Spinal orthosis and addition to spinal orthosis, not otherwise specified
Static progressive extension and/or flexion devices and accessories
Surgical boot/shoe, each
Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment



	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated Thoracic-lumbar-sacral orthosis (TLSO), all types Transfer of an orthosis from one shoe to another, caliper plate, existing or new; solid stirrup existing or new; Dennis Browne splint (Rivetone), both shoes Unspecified maxillofacial prosthesis, by report, provided by a nonphysician Upper limb orthosis, not otherwise specified Wrist-hand-finger orthosis (WHFO), all types
Percutaneous Left Atrial Appendage Closure – Watchman Procedure	
Pulmonary rehabilitation therapy	Prior authorization is required for PPO plans only
Radiation therapy	Brachytherapy Neutron therapy Proton Beam Radiation treatment delivery Stereotactic radiosurgery
Services and items from out-of-network providers	Prior authorization is required for HMO plans only
Transcatheter valve procedures (TAVR and TMVR)	
Transgender Surgery	
Transplant surgeries	
Unlisted/unclassified/Not otherwise classified services and items	
Uvulopalatopharyngoplasty (UPPP)	

* Please contact Essence Healthcare for applicable billing codes