

*** Services Excluded From In-Office Authorization**

- Acupuncture
- Advanced Imaging: MRI, MRA, PET, CT, SPECT (Service requires distinct prior authorization)
- Ambulatory Surgery
- Chiropractic
- Cosmetic, Plastic & Reconstructive Procedures
- Dental anesthesia: Dental/oral surgery services for coverage under the medical benefit
- Any medical service requiring procedural sedation
- Durable medical equipment, other than those items for which no prior authorization is required (see MCAL list on website)
- Mental Health, Behavioral Health, Alcohol & Chemical Dependency services
- Neuropsychological and Psychological Evaluation
- Occupational Therapy
- Orthognathic surgery
- Orthotics and Prosthetics
- Physical Therapy (Prior Authorization required after initial 6 visits)
- Podiatry
- Radiation Therapy
- Sleep Studies
- Speech therapy
- TMJ services
- Transportation Services

* This list is not all-inclusive; rather, it is designed as a resource for commonly requested services which are NOT included in the basic in-office authorization.

In-Office Authorization: Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, and evidence of medical necessity during the claim review.

Claims for services *auto authorized* will be audited post payment. If it is determined that the service rendered was not provided in office or is one of the exclusions, CHG will request a refund on monies paid.