

Prior Authorization Requirements

Medical Procedures Guidelines

Updated: December 19, 2025

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- Benefits are determined by the Member's plan.
 - This document applies to all AvMed Members and benefit products/lines of business.
 - Items listed may have limited or no coverage.
 - Authorization does not guarantee payment.
 - Payment is subject to member eligibility, benefits, and provider contract terms on the date of service.
 - Providers, both in-network and out-of-network, are responsible for verifying eligibility and obtaining prior authorization for non-emergent services when required.
 - Members must be eligible on the date of service, and the service must be a covered benefit.
 - Authorization requests must be submitted electronically via the **Availity Provider Portal for Authorizations and Referrals**, or by completing an Authorization Request form and submitting it via fax.
 - Services listed below require authorization from AvMed or a delegated vendor (exceptions may apply).
 - Prior Authorization/Preauthorization: A decision made by AvMed or a delegated entity for medically necessary and covered services.
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Providers must submit authorization requests in accordance with *NCQA guidelines to ensure the Health Plan can render a determination within the standard turnaround time, unless the member requires care urgently as defined under expedited/urgent request criteria below. *NCQA – National Committee for Quality Assurance

Authorization requests are processed promptly, based on the level of urgency determined by the member's clinical condition.

Non-Urgent/ Standard pre-service request – A request submitted before a patient receives medical care or services. For commercial plans, the decision and notification will be completed **within fifteen (15) calendar days**.

Urgent/Expedited pre-service request – Urgent medical care is required for illnesses or injuries that need prompt attention. An expedited request is appropriate when waiting for the standard turnaround time could seriously jeopardize the member's life, health, or ability to regain maximum function. For urgent care requests, the decision and notification will be completed **within 72 hours** of receiving the request.

Urgent Concurrent - A request for an ongoing course of treatment that requires immediate review. The decision and notification will be completed **within 24 hours** of receiving the request.

Post-Service – A request for a decision regarding care or treatment that the patient has already received. For commercial plans, the determination and notification will be completed within thirty (30) calendar days.

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How to Submit Authorization Requests

Behavioral Health

- **Behavioral Health and Substance Abuse Services** are authorized by **Optum Behavioral Health**.
- An Authorization is required for both inpatient and outpatient hospital services (including Partial Hospitalization and Intensive Outpatient Programs) require authorization by Optum BH
- Applied Behavior Analysis (ABA) therapy
- Authorization may be requested by phone via AvMed's Behavioral Health Service Center powered by Optum at the number listed below.
 - AvMed Commercial: 866.293.2689
 - You can also visit:
 - [Behavioral Health - AvMed](#)
 - AvMed PCP Provider Communication form
 - [PCP Behavioral health Coordination Form](#)
 - Participating Providers may request authorizations through www.ProviderExpress.com.

Chemotherapy

- **Chemotherapy Services (Outpatient and Inpatient)**
 - Contact AvMed for an Authorization.
- Submit via Availity Provider Portal
 - www.availity.com or [Provider Implementation Hub | AvMed](#)
- Complete a Medical Prior authorization request form and fax to **1-800-552-8633**
 - [Medical Prior Auth Request Form](#)

Chemotherapy Services with Specialty Medications

- For all **members**, please work with your provider to have a prior authorization request initiated. Providers may send in the prior authorizations through their electronic health record (through Surescripts)
- A list of all Medications (office and O/P facilities) reviewed is available on the website.
- For specialty drugs, initiate the requests through your EHR system or by logging into Surescripts at providerportal.surescripts.net/ProviderPortal/login
 - To visit the Prescriptions page on the AvMed website [Prescriptions | AvMed](#)
 - Prior authorization requirements for specialty drugs
 - [Pharmacy Resources | AvMed](#)
 - **Submit requests either through:**
 - **Electronic Prior Authorization through your EHR (Surescripts) or logging into Surescripts** providerportal.surescripts.net/ProviderPortal/login
 - **Pharmacy Faxed Options:**
 - Commercial Pharmacy drugs: 305-671-0200
 - Commercial Medical drugs: 877-535-1371

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Dermatology services are managed by AvMed.

- A referral is not required for in-network Dermatologists.
- Authorization is required for all out-of-network dermatology services unless the plan member has out-of-network benefits.
- An auth may be required for certain surgical dermatology procedures.
- Prior Auth List of Codes (PAL) <https://pal.avmed.com/>

Home Health and DME Services

- **Home Health and** certain **DME** items require prior authorization. Authorizations are processed by the following delegates based on what county the member lives in.
- **Integrated Home Care Services (IHCS)** for all Florida counties.
 - **Call** 844.215.4264
 - **Fax** to 844.215.4265
 - For Ostomy, Urology and Wound Care supplies [**new orders only**]
 - [IHCS Resource Center | Essential resources for providers and patients](#)
 - **Provider Services:** Providerservices@ihscorp.com
 - Prior Authorization List of Codes (PAL) <https://pal.avmed.com/>
- **BayCare Home Care:** Hillsborough, Hernando, Pasco, Polk, and Pinellas counties.
 - Home infusion services **only** (includes Nursing services for home infusion)
 - 800.940.5151
- **Advanced Care Solutions** for Ostomy, Urology and Wound Care supplies
 - Phone: 800.748.1977, Fax: 877.748.1985 [**Previously serviced members only; refer new orders to Integrated Home Care**]
- **Ophthalmology:**
 - **Submit authorization requests through AvMed using one of the methods below:**
 - **Preferred:** Submit a referral or an authorization request via our Availability Authorization and Referral Provider Portal.
 - www.availity.com or [Provider Implementation Hub | AvMed](#)
 - Complete a Medical Prior authorization request form and fax to **1-800-552-8633**.
 - [Medical Prior Auth Request Form](#)
 - Prior Authorization List of Codes (PAL) <https://pal.avmed.com/>
- **Podiatry:**
 - For All Members contact PNS (Podiatry Network Services) 844.222.3939
 - Surgical procedures may require prior authorization.
 - Prior Authorization List of Codes (PAL) <https://pal.avmed.com/>

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- **Radiation Therapy**
 - **Commercial Radiation oncology:**
 - **Effective 01/01/2026** authorizations are managed by AvMed.
 - To submit a Radiation Therapy request to AvMed,
 - Submit authorization request on Availity Authorization and Referral Provider Portal
 - Complete a Medical Prior authorization request form and fax to **1-800-552-8633**.
 - www.availity.com or [Provider Implementation Hub | AvMed](#)
 - [Medical Prior Auth Request Form](#)

Radiology

- Authorizations for all AvMed members are managed by EviCore for both in-office and outpatient settings.
 - **Diagnostic and Imaging Tests**
 - **Complex Radiology Services & Nuclear Medicine:** CAT Scan, MRI, PET Scan, CT Angiography
 - **Nuclear and Cardiac Imaging**
 - Visit the website at <http://www.evicore.com/>
 - www.eviCore.com/resources/healthplans/AvMed
 - List of codes [AvMed Radiology and Cardiology Code List](#)
 - Access guidelines [Clinical Guidelines | EviCore by Evernorth](#)
 - Call **800-792-8790**
 - Fax **800-540-2406**

Referrals:

- For a list of Specialties/Specialists requiring a referral [Click Here](#)
- Visit our website www.availity.com or [Provider Implementation Hub | AvMed](#)
- Referral requirements by Plan type:
- **Individual and Family:** Engage and Entrust (HMO)

All other prior authorizations and delegated vendors

- **Preferred:** Submit a referral or an authorization request via Availity Provider Portal for Authorizations and Referrals
 - To access Availity: www.availity.com or [Provider Implementation Hub | AvMed](#)
 - [Availity Provider quick Reference guide](#)
 - List of specialties requiring a referral [Click Here](#)
- Prior Authorization List of Codes (PAL) <https://pal.avmed.com/>
 - Providers may also submit authorization requests via fax to **AvMed** prior authorization department at 1-800-552-8633.
 - [Medical Prior Auth Request Form](#)
- **AvMed Coverage Guidelines:** [Click Here](#)
- **Hospital/Skill Nursing Facilities** [Hospital Discharge Planning Resource](#)

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- All procedures outlined on this list require prior authorization.
 - All Inpatient admissions and Observation for surgical and non-surgical stays require authorization notification. [Hospital Use only - Emergent Urgent Direct Admissions](#)
 - **Emergency room services without an overnight stay will not require authorization.**
 - Maternity and Newborn confinements require authorization.
 - Inpatient SNF (Skilled Nursing), LTACH (Long Term Acute Care Hospital) and Acute Rehabilitation facilities require prior authorization.
 - **Behavioral Health/Substance Abuse Services** for both inpatient and outpatient hospital services (including Partial Hospitalization and Intensive Outpatient Programs) require authorization by Optum BH.

Investigational/Experimental Items and Non-Covered Services

- **Any item or service that may be considered investigational or experimental** must be reviewed and decisioned in advance. These services may not be covered according to the members' plan.
- **Examples of Services** that may not be covered include but not limited to:
 - Magnetoencephalography (MEG),
 - Thermal Capsulorrhaphy,
 - Chronic Intermittent Intravenous Insulin Therapy (CIIT),
 - Platelet Rich Plasma & Fibrin Matrix (PRP),
 - Percutaneous Tibial Nerve stimulation (PTNS),
 - MLS Laser Therapy for Treatment of Pain,
 - Breast Thermography/Breast Care DTS,
 - Ligament Augmentation and Reconstruction **LARS**.
 - Acoustic Rhinometry
 - Cosmetic Services– surgical and non-surgical
 - Custodial Care (home health care for help with non-medical related treatment)

Laboratory Services

- All Specialty Labs require prior approval.
 - Specialized tests that go beyond routine blood work or basic screenings.
- Genetic Testing: excluding standard Down Syndrome and Cystic Fibrosis Screening when performed by a capitated /contracted laboratory listed below.
 - Quest Diagnostics All Florida Counties except as listed below 866-697-8378,
 - [Quest Lab](#)
 - Consolidated Laboratory Services for Clay, Duval, Nassau, and St Johns Counties
 - Contact 904-308-5600

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Medical Equipment and Prosthetics/Orthotics managed by AvMed, include but are not limited to:

- Bone growth stimulators
- Dynasplint
- Home PT/INR Monitor
- External Defibrillator (The Vest)
- External prosthetic devices (excludes post-cancer breast prostheses)
- Implanted devices including cochlear devices and /or implantation.
- Insulin Pumps, Continuous Glucose Monitors, and supplies.
- Lower limb prosthetics
- Myoelectric prostheses
- Negative Pressure Wound Therapy (Wound Vacuum Device)
- Neurostimulators trial or implantation
- Implanted Pain Pumps,
- Prefabricated Orthotics (verify member's coverage and authorization requirements)
- Snore Guards (Oral appliances)

Out of Network Provider / Services – Any provider with whom AvMed has neither contracted with nor arranged to render the covered services.

- **Authorization is mandatory for all Out of Network (OON) services**, except for emergency care for all members.
 - Second Medical Opinions when provider is out of network.
 - An auth for second medical opinion may not be required for members with POS (point of service) and Choice (out of network) benefits.
 - **Please verify coverage at www.avmed.org** or contact the Provider Service Center at 800.452.8633 prior to rendering service.

Outpatient Rehabilitative Services (Speech, Occupational, Physical and Habilitative Therapy)

- **Authorization is not required when services are provided by an in-network provider.**
- **Habilitative Therapy** includes physical, occupational, and speech therapies provided in outpatient or home care settings.
 - It is a covered benefit when intended to help individuals maintain, develop, or improve skills and functions necessary for daily living.
- **Optum BH** Oversees Autism Services Refer to Behavioral Health
- **The coverage for the following Physical Therapy modalities is currently unavailable due to their investigational status.**
 - **This list is not exhaustive:**
 - Interactive Metronome Program
 - Augmented Soft Tissue Mobilization
 - Kinesio Taping/Taping
 - MEDEK Therapy
 - Hands-Free Ultrasound and Low-Frequency Sound (Infrasound)

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- Hivamat Therapy (Deep Oscillation Therapy)
- **Rehabilitative physical, occupational and speech therapies** provided in an outpatient environment or home care setting are covered to improve or restore physical functioning following disease, injury or loss of a body part does not require prior authorization
- Please Refer to member's plan for benefit limits.

Pain Management (PM)

- Authorization is required for all outpatient pain management services, including surgical pain management provided at ambulatory surgery centers or hospitals.
- Pain Management services provided by an in-network (PM) Specialist in an office setting does not require prior authorization.
- Surgical pain management services provided in an office setting may require prior authorization.
 - Prior Authorization requirements List of Codes (PAL) <https://pal.avmed.com/>

Reconstructive Procedures performed to restore function or correct deformities after trauma or a medical condition such as cancer require prior authorization.

- **Cosmetic surgeries (non-medical related) are not a covered benefit.**

Examples below are not a complete list.

- Abdominoplasty/Panniculectomy (excision of excessive skin due to weight loss)
- Blepharoplasty/Canthoplasty
- Mammoplasty
- Breast Reduction Reconstruction
- Rhinoplasty
- Panniculectomy (excision of excessive skin due to weight loss)
- Penile implant
- Surgery for Varicose veins
- Earlobe repair /Keloids/Scar revision

IMPORTANT:

Please verify benefits and authorization requirements prior to rendering care.

Services requiring prior authorization may change from time to time.

Contact the Provider Service Center to verify prior authorization requirements.

Phone: 800-452-8633

Prior Authorization List of Codes (PAL) <https://pal.avmed.com/>

Prior Authorization Requirements are managed by AvMed unless otherwise noted.

Select list of items and services that require prior authorization

- **Allergy injections, Allergy skin testing and Treatments.**
- **Ambulance Services:**
 - Air and Water for Emergency and Non-Emergency ground.
- **Ambulatory Surgery Centers**

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- **Applied Behavioral Analysis (ABA)** Phone: 866.293.2689 or click here [Behavioral Health - AvMed](#)
- **Cardiac Rehabilitation: Verify** member benefits and coverage for authorization requirements and limitations.
- **Cardiology surgical services**
- **Cardiology diagnostic services (contact Evicore)**
- **Chiropractic:** Contact Chiro Alliance - HMO Members: 877-434-8258, POS and HSAQ Members: 888-693-3296
- **Clinical Trials**
- **Dermatology**
 - Prior authorization is required after a maximum of five visits to dermatologists in a 12-month period for a dermatologic problem.
 - Prior Authorization Requirements List of Codes (PAL) <https://pal.avmed.com/>
- **Diabetic Supplies** – Insulin pumps, Continuous Glucose Monitors and supplies
- **Diagnostic services** Visit the EviCore website at <http://www.evicore.com/>
- **Dialysis and related services**
- **Durable Medical Equipment, Home Health Care Services and Supplies**
 - **Contact Integrated Home Care Services (IHCS)**
 - Call 844.215.4264
 - Fax to 844.215.4265
 - **Ostomy and Urostomy Supplies:** Coverage is subject to applicable copayments and coinsurance. Items that are not classified as medical supplies, or that could be used by the member or their insured family for purposes unrelated to ostomy care, are not covered.
 - **Wound Care Supplies:** These are covered when included in an approved treatment plan and meet one of the following criteria:
 - Treatment of a wound resulting from a surgical procedure.
 - Treatment of a wound needing debridement services.
- **Gender Reassignment Procedures and Surgery**
- **Hospice**
- **Hospital Inpatient Care and Services including Inpatient Observation stays**
- **Hyperbaric Oxygen treatments**
- **Lymphedema Therapy**
- **Mental Health** Phone: 866.293.2689 or click here [Behavioral Health - AvMed](#)
- **Neuropsychology Testing (Medical Diagnoses only)** Managed by AvMed)
- **Neuropsychology Testing (Behavioral Health diagnoses are managed by Optum Behavioral Health)**
 - Follow link here: [Neuropsychological Testing Coverage Guidelines](#)
- **Neurostimulators:** Includes Trial and Implantation. Benefit limitations, verify coverage.
- **Nutrition Therapy - enteral, parenteral, oral nutrition, and related supplies.**

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Contact Integrated Home Care Services (IHCS)

- Call 844.215.4264
- Fax to 844.215.4265

- **Ophthalmology:**
 - Some diagnostic and surgical codes do not require prior authorization
 - Verify authorization requirements on the PAL website
 - Prior Authorization List of Codes (PAL) <https://pal.avmed.com/>
- **Orthotic Devices /Appliances:** Coverage for Orthotic Devices or Orthotic Appliances may be limited to custom-made leg, arm, back and neck braces when related to a surgical procedure or when used to avoid surgery and when necessary to conduct normal activities of daily living.
 - Verify individual plan benefits and authorization requirements.
 - Prior Authorization List of Codes (PAL) <https://pal.avmed.com/>
- **Outpatient Surgeries** may require authorization. Verify via the PAL link above.
- **Podiatry:** Contact PNS (Podiatry Network Services) 844-222-3939
- **Prosthetic Devices** are specifically designed to restore bodily function or replace a physical portion of the body. The coverage for prosthetic devices is limited to artificial limbs, artificial joints, ocular prostheses, and cochlear implants.
- **Pulmonary Rehabilitation**
- **Radiation oncology:** AvMed is responsible for reviewing and authorizing radiation oncology services for all members. Submit authorization requests directly to AvMed via the Availity Provider Portal
- **Skilled Nursing and Rehabilitation Facility**
- **Specialty medications**
- **Substance Abuse Services (Optum BH)**
 - Phone: 866.293.2689 or click here [Behavioral Health - AvMed](#)
- **Surgical Procedures in a Hospital or Ambulatory Surgery Center**
 - All surgical procedures performed in the hospital or ambulatory surgery center require prior authorization **EXCEPT** those listed on the PAL as no authorization required.
 - If Code is not listed on the PAL, submit it for review.
 - Prior Authorization requirements List of Codes (PAL) <https://pal.avmed.com/>

Transplants

- Our program delivers comprehensive transplant-related services, including pre-transplant evaluations, surgical transplantation, and coordinated post-transplant care. We support transplantation of major organs such as kidney, liver, heart, lung, pancreas, small bowel, and bone marrow. Additionally, stem cell transplantation is available following high-dose chemotherapy, in alignment with current oncologic protocols.
- **Case Management Programs:** [Click Here](#)

Wound Care

- Hospital Inpatient and Outpatient setting requires prior authorization.
- Wound Vacuums/Negative Therapy Wound Management Systems require prior authorization. **Contracted provider:** KCI (Kinetic Concepts Inc.)

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- HBO (**Hyperbaric Oxygen Therapy**) requires prior authorization and is subject to benefit limitations.

Other resources:

- **New Member Transition of Service:** Designed to assist newly enrolled members in transitioning their medical care and prescription needs from a previous health plan to AvMed
 - [New Member Transition of Service form](#)
- **Continuation of Care for existing members:** Use this form when a treating provider becomes out-of-network but needs to continue treatment already initiated for an existing member.
 - [Continuity of Care Authorization Form](#)
- **Claims**
 - Submit New Claims: P.O. Box 569000 Miami, FL 33256
 - To submit your claims electronically, simply log on to www.AvMed.org
- **Claims Correspondence, Reviews, and Appeals:** P.O. Box 569004 Miami, FL 33256-9000
 - Fax: 1-800-452-3847
- For details on claim submission process click here [provider-reference-guide](#)

**** Services not included on the pre-authorization list are subject to the coverage terms of the members' Plan**

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AvMed Provider Resources

Category	Resource	Link/contact
AvMed	Main Website	www.AvMed.org
AvMed Online Coverage Guidelines	Coverage Guidelines	View Guidelines
Provider Portal	Availity	www.availity.com
Provider Portal	Provider Implementation Hub	Provider Implementation Hub AvMed
Provider Education	Education Resources	Provider Education - AvMed
Provider Tools	Tools and forms	Provider Tools - AvMed
Provider Services	AvMed Provider Service Center	1-888-452-8633
Behavioral Health	AvMed Behavioral Health By Optum	Behavioral Health - AvMed PCP Behavioral health Coordination Form www.ProviderExpress.com
DME	Integrated Home Care Services (IHCS)	IHCS Resource Center Essential resources for providers and patients Providerservices@ihcscorp.com
Medical Prior Auth Request Form	Prior Authorization Request Form	Medical Prior Auth Request Form
Pharmacy	Specialty RX	Prescriptions AvMed Pharmacy Resources AvMed
PAL (Prior Auth List)	Auth requirements by procedure code	https://pal.avmed.com/
Home Health Care and Home Infusion Provider	Integrated Home Care Services (IHCS)	IHCS Resource Center Essential resources for providers and patients Providerservices@ihcscorp.com
Radiology and Cardiology	Evicore	http://www.evicore.com/ , Clinical Guidelines EviCore by Evernorth www.eviCore.com/resources/healthplans/AvMed AvMed Radiology and Cardiology Code List
Hospital/Skilled Nursing facilities	Discharge Planning Resources	Discharge Planning Resources Hospital Use only - Emergent Urgent Direct Admissions
Laboratory Services	Quest Diagnostics	Quest Lab
Important Forms	Provider Forms	AvMed Provider Forms