

## Prior Authorizations / Referrals



Prior Authorization and/or Referral are required for the following covered services in plan year 2026:

	Authorization Required	Referral Required
Cardiac/Pulmonary Rehab, Intensive Cardiac Rehab, or SET for PAD Services	✓	
Durable Medical Equipment and Prosthetics	✓	
Home Health Services	✓	
Inpatient Hospital Care	✓	
Inpatient Mental Health Care	✓	
Medicare Part B Drugs (Antibody and Gene/Cell Therapies only)	✓	
Mental Health and Psychiatric Services	✓	
Out-of-network services	✓	
Outpatient Substance Abuse Services	✓	
Partial Hospitalization	✓	
Physical, Speech and Occupational Therapy*	✓	
Skilled Nursing Facility (SNF) Care*	✓	
Therapeutic/Diagnostic MRI/PET Scans	✓	

For further clarification on which Medicare Part B drugs require authorization, see [tributemedicare.com/partbdrug](https://tributemedicare.com/partbdrug).

## Plan Year 2026

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 866-439-0065 with all necessary and proper information to support the request for services and medical necessity.

**\*Authorization not required for facilities under alternative payment / value based / bundled payment arrangements.**