

**ATTACHMENT B  
TO THE SHL AGREEMENT OF COVERAGE (AOC)  
SERVICES REQUIRING PRIOR AUTHORIZATION**

| In order to be covered, requested services must be Medically Necessary as determined by the Plan and not otherwise excluded under the AOC.   |  |
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| TYPE OF SERVICES   | DETAILS  |
| <b>Non-Plan Providers</b>  |  |
| <b>Non-Plan Provider Services</b>  | <ul style="list-style-type: none"> <li>○ All Non Plan Provider Services (including all out of area Physician office visits and consultations)</li> </ul>   |
| <b>Plan Providers</b>  |  |
| <b>Inpatient Services</b>  | <ul style="list-style-type: none"> <li>○ Elective admissions to an inpatient facility</li> <li>○ Skilled Nursing Facilities</li> <li>○ Residential Treatment Centers</li> <li>○ Habilitative and Short Term Rehabilitation Services</li> <li>○ Gastric Restrictive Surgery</li> <li>○ Reconstructive including Organ Transplants</li> <li>○ Orthognathic surgery, including all TMJ related services</li> <li>○ Sleep disorder surgeries</li> <li>○ Sinus and nose surgeries</li> </ul>                                |
| <b>Outpatient Surgical Services</b>  | <ul style="list-style-type: none"> <li>○ Surgical procedures performed in a hospital or an ambulatory surgery facility</li> </ul>  |
| <b>Laboratory and X-Ray Services</b>   | <ul style="list-style-type: none"> <li>○ Complex radiology including but not limited to: Computed Tomography (CT), Coronary CT angiography (CTA), Magnetic resonance imaging (MRI), Magnetic resonance angiogram (MRA), Positron emission tomography (PET) scans and Nuclear Medicine and, Single-photon emission computed tomography (SPECT) scans</li> <li>○ Intensity Modulated Radiation Therapy</li> <li>○ Genetic Testing</li> </ul>   |
| <b>Anesthesia Services</b>   | <ul style="list-style-type: none"> <li>○ Anesthesia for dental procedures</li> <li>○ Pain Management Procedures</li> </ul>   |
| <b>Home Healthcare Services</b>  | <ul style="list-style-type: none"> <li>○ All Home Health services including IV therapy</li> </ul>  |
| <b>Prosthetics/ orthotics/ and Durable Medical Equipment</b>   | <ul style="list-style-type: none"> <li>○ Prosthetics/Orthotics over \$750</li> <li>○ DME purchases or rentals over \$750</li> </ul>  |
| <b>Maternity Services</b>  | <ul style="list-style-type: none"> <li>○ Obstetrical Ultrasounds for 2nd and subsequent ultrasounds during a pregnancy</li> <li>○ Maternity management home care including home uterine monitoring</li> </ul>  |
| <b>Habilitative and Rehabilitation Services</b>  | <ul style="list-style-type: none"> <li>○ Therapies (Speech, Occupational, Physical) after 15 visits in a [calendar year][Plan Year}</li> <li>○ Cardiac Rehabilitation and Pulmonary Rehabilitation</li> </ul>  |
| <b>Mental Health, Substance Abuse and Severe Mental Illness Services <sup>(1)</sup></b><br><i>Contact Behavioral Healthcare Options, Inc. (BHO) at: (702) 364-1484 or 1-800-873-2246 for assistance with making an appointment</i> | <ul style="list-style-type: none"> <li>○ All Inpatient and non-routine Outpatient non-Emergency Mental Health, Severe Mental Illness, and Substance Abuse Services, including:               <ol style="list-style-type: none"> <li>1. Intensive outpatient program treatment</li> <li>2. Outpatient electro-convulsive treatment</li> <li>3. Psychological testing</li> <li>4. Extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management.</li> </ol> </li> </ul> |

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| TYPE OF SERVICES      | DETAILS  |
|-----------------------|--|
| <b>Other Services</b> | <ul style="list-style-type: none"><li>○ Varicose vein procedures</li><li>○ Vagus Nerve Stimulation Therapy</li><li>○ Specialist Office Visits</li><li>○ Hospice Services</li><li>○ Medical Supplies</li><li>○ Manual Manipulation</li><li>○ Non-Emergency Ambulance</li><li>○ Special Foods and Enteral Formulas</li><li>○ Hyperbaric oxygen treatment</li><li>○ Applied behavioral analysis for the treatment of Autism</li><li>○ Hearing aids</li><li>○ Certain Outpatient Prescription Drugs <sup>(2)</sup></li></ul> |

Please access the SHL website at [www.myshlonline.com](http://www.myshlonline.com) for the most current list of services requiring Prior Authorization, or please contact Member Services at 1-800-888-2264 for a copy of the list of if you have questions regarding services requiring Prior Authorization.

Please refer to your Attachment A Benefit Schedule for any other limitations that may apply to these services.

<sup>(1)</sup> All inpatient and non-routine Outpatient non-emergency Mental Health, Severe Mental Illness or Substance Abuse require Prior Authorization by BHO. Insureds must contact Behavioral Health Care Options (BHO) for assistance in scheduling their first appointment in order to verify that any requested Mental Health, Severe Mental Illness or Substance Abuse services are Covered Services under the Plan, and that such Covered Services will be obtained at the appropriate level of care in order to be eligible for full benefit payment. A BHO coordinator will either assist in scheduling the appointment or will make a referral to the appropriate Plan Provider based on the service requested and the associated level of acuity. If the Insured is unable to contact BHO due to an emergency admission, the Insured must contact BHO as soon as reasonably possible following the emergency admission to obtain Prior Authorization of any needed follow up care.

<sup>(2)</sup> Please refer to the Prescription Drug List located at [www.myshlonline.com](http://www.myshlonline.com).

If Medically Necessary Covered Services requiring Prior Authorization are provided without obtaining the required Prior Authorization, benefits are reduced to 50% of what the Insured would have received if Prior Authorization had been obtained.

If services are considered not to be Medically Necessary or are not covered under the Plan, benefits for such services will be denied.

**Prior Authorization is not a guarantee of payment for Covered Services.**