

We value you as a Priority Health member. We want to inform you of a change to the list of services that require approval in advance (sometimes called prior authorization) from us.

What is changing?

Starting **September 1, 2024**, the services below will require prior authorization. This in addition to the services listed in the “*Prior Authorization Reference Chart*” in Chapter 4 – Section 2.1 of your Evidence of Coverage (EOC).

PRIOR AUTHORIZATION REFERENCE CHART	
Prior authorization is required for the following:	Look for this service in the Medical Benefit Chart in Chapter 4 – Section 2.1 of your EOC for details:
Cardiac services	Outpatient hospital Outpatient surgery Physician/practitioner services (specialist) Durable medical equipment (DME) (wearable)

Do I need to do anything?

Please keep this letter for reference. If prior authorization is needed for services, we encourage you to work with your provider’s office. Once your provider submits the request, a decision is made within 14 days.

What if I have questions?

You can contact Customer Service by calling us toll-free at 888.389.6648 (TTY users should call 711), from 8 a.m. to 8 p.m. seven days a week. You can also send a secure online message from your member portal account at **member.priorityhealth.com** by clicking on **Get help** in the top right corner of your screen. We’ll reply within two business days.

Sincerely,
Priority Health

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).