

## Procedures Requiring Prior Authorization

### Breast Procedures

1. Age 30- 39 for **diagnostic only** services (must be HIGH risk and/or have an abnormal CBE)
2. MRI
3. Age 25-29 who are HIGH RISK who need **screening** (Refer to NBCF for women at any age/ not covered under BCC who need diagnostics)
4. Surgical procedures
5. PET-CT, PET
6. Ductogram / galactogram
7. Fine needle axillary lymph node biopsy/lymph node biopsy for **diagnostic** purposes only
8. Chest wall US or biopsy

### Cervical Procedures

1. LEEP / Cone Biopsy - **diagnostic** excision only. Treatment LEEP/Cone **not** covered.
2. EMB – Does **not** need a PA, but will be reimbursed for the following reasons:
  - Initial work up of Atypical Glandular Cells seen on cytology.
  - Atypical Endometrial cells seen on cytology in women > 40 years of age

EMB will **not** be reimbursed if the only finding is abnormal uterine bleeding.

All decisions for payment of procedures are guided by recommendations from NCCN, ASCCP, and USPSTF.