

Security Health Plan to update prior authorization requirements beginning Jan. 1, 2026

Security Health Plan is implementing a series of targeted prior authorization (PA) adjustments designed to streamline processes, support vendor alignment and ensure appropriate oversight where needed. Key changes include vendor standardization and selective PA additions or removals across specific service categories.

New lists with code-level details will be available on the website and provider portal by Jan. 1, 2026. In the meantime, here are the key changes to note:

- **Vendor Standardization**
 - Oncology chemotherapy and radiation therapy services will transition to Eviti for medical necessity review.
- **Genetic and Molecular Testing**
 - Medicare Advantage: Effective **March 1, 2026**, prior authorization will be newly required for genetic and molecular testing.
- **Home Health Care**
 - Commercial: PA will be removed.
 - Medicare Advantage and BadgerCare: PA requirements will remain in place.
- **Physical, Occupational and Speech Therapy**
 - PA will be removed across all Security plans. Therapy services will continue to follow applicable benefit limits.
- **Sleep Medicine**
 - PA will be removed and replaced with a reimbursement policy outlining covered diagnoses and clinical criteria.
- **Biofeedback**
 - PA will be lifted when services meet diagnosis-specific requirements. Claim will pay if billed with a diagnosis of mixed, stress or urinary incontinence, tension or migraine headaches. All other diagnoses will be denied as E/I.
- **Skin Substitute**
 - Prior authorization will be required for skin substitutes **effective April 1, 2026**.

Please call provider services at 1-800-548-1224 with any questions.