AGERIGHT ADVANTAGE

AgeRight Advantage Health Plan (HMO I-SNP) Oregon Washington

2027 Prior Authorization Chart

**Detailed limits and exclusions can be found in the Evidence of Coverage (EOC).*

Service Type	Details
MEDICARE OFFERINGS	
Inpatient Services	
Inpatient Hospital-Acute Auth	Authorization Required
Inpatient Hospital Psychiatric Auth	Authorization Required
Skilled Nursing Facility (SNF) Auth	Authorization Required
Skill-In-Place (SIP) Auth	Authorization Required
Partial Hospitalization Auth	Authorization Required
Intensive Outpatient Program Services Auth	No Authorization Required (In-Network and Out-of-Network)
Observation Services Auth	Authorization Required
Outpatient Services	
Cardiac and Pulmonary Rehabilitation Services Auth	Authorization Required
Emergency Services Auth	No Authorization Required (In-Network and Out-of-Network)
Home Health Services Auth	Authorization Required
Home Health Services Notes	**Plan is currently waiving the authorization requirement for In-Network Home Health Providers
Primary Care Physician Services Auth	No Authorization Required (In-Network and Out-of-Network)
Chiropractic Services Auth	Authorization Required
Chiropractic Services Notes	Prior authorization is only required for Medicare-covered chiropractic services.
Therapy Services Auth	Authorization Required
Therapy Services Notes	All evaluations do not require an authorization (In-Network and Out-of-Network).
Physician Specialist Services Auth	No Authorization Required (In-Network and Out-of-Network)
Mental Health Specialty Services Auth	No Authorization Required (In-Network and Out-of-Network)
Podiatry Services Auth	No Authorization Required (In-Network and Out-of-Network)
Other Health Care Professional Auth	No Authorization Required (In-Network and Out-of-Network)
Psychiatric Services Auth	No Authorization Required (In-Network and Out-of-Network)
Additional Telehealth Benefits Auth	No Authorization Required (In-Network and Out-of-Network)
Opioid Treatment Program Services Auth	Authorization Required
Outpatient Diagnostic Procedures Tests and Lab Services Auth	Authorization Required

Outpatient Diagnostic Procedures Tests and Lab Services Notes	8a1: Diagnostic Procedures/Tests Notes: 8a2: Lab Services Notes: Authorization ONLY required for genetic testing.
Outpatient Diagnostic and Therapeutic Radiological Services Auth	Authorization Required
Outpatient Diagnostic and Therapeutic Radiological Services Notes	8b1: Diagnostic Radiological Services Notes: 8b2: Therapeutic Radiological Services Notes: 8b3: Outpatient X-Ray Services Notes: X-rays do not require authorization when service rendered in a nursing facility, physician office or mobile X-Ray. All other diagnostic and therapeutic radiological services require authorization.
Outpatient Hospital Services Auth	Authorization Required
Ambulatory Surgical Center (ASC) Services Auth	Authorization Required
Outpatient Substance Abuse Services Auth	Authorization Required
Outpatient Blood Services Auth	No Authorization Required (In-Network and Out-of-Network)
Non-Emergent Ambulance Services Auth	Authorization Required
Durable Medical Equipment (DME) Auth	Authorization Required
Prosthetics/Medical Supplies Auth	Authorization Required
Prosthetics/Medical Supplies Notes	Ostomy and catheter supplies do not require prior authorization.
Diabetic Supplies and Services and Diabetic Therapeutic Shoes or Inserts and Diabetic Monitors Auth	No Authorization Required (In-Network and Out-of-Network)
Dialysis Services Auth	No Authorization Required (In-Network and Out-of-Network)
Medicare-covered Zero Dollar Preventive Services Auth	No Authorization Required (In-Network and Out-of-Network)
Kidney Disease Education Services Auth	No Authorization Required (In-Network and Out-of-Network)
Glaucoma Screening Auth	No Authorization Required (In-Network and Out-of-Network)
Diabetes Self-Management Training Auth	No Authorization Required (In-Network and Out-of-Network)
Digital Rectal Exams Auth	No Authorization Required (In-Network and Out-of-Network)
EKG following Welcome Visit Auth	No Authorization Required (In-Network and Out-of-Network)
Medicare Part B Insulin Drugs Auth	No Authorization Required (In-Network and Out-of-Network)
Medicare Part B Rx Drugs and Home Infusion Drugs Auth	Authorization Required

Medicare Part B Rx Drugs and Home Infusion Drugs Notes	Prior authorization is required for some medications. For chemotherapy, the initial administration only requires authorization.
Medicare Dental Services Auth	Authorization Required
Eye Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Eyewear Auth	No Authorization Required (In-Network and Out-of-Network)
Hearing Exams Auth	No Authorization Required (In-Network and Out-of-Network)
SUPPLEMENTAL OFFERINGS	
Routine Chiropractic Care Auth	No Authorization Required (In-Network and Out-of-Network)
Podiatry Services - Routine Foot Care Auth	No Authorization Required (In-Network and Out-of-Network)
Transportation Services - Plan Approved Health-related Location Auth	No Authorization Required (In-Network and Out-of-Network)
Transportation Services - Plan Approved Health-related Location Notes	Trips not to exceed 20 miles (one-way limit).
Transportation Services - Any Health-related Location Auth	No Benefit
Acupuncture Auth	No Benefit
Enhanced Disease Management Auth	No Benefit
In-Home Support Service Auth	No Benefit
Diagnostic and Preventative Dental Auth	No Authorization Required (In-Network and Out-of-Network)
Oral Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Oral Exams Notes	Two preventive oral exams, x-ray coverage, two prophylaxis services, and two fluoride treatments are carved out from the benefit maximum. Plan will only cover 2 of periodic, limited, periodontal or comprehensive oral evaluation every calendar year.
Dental X-Rays Auth	No Authorization Required (In-Network and Out-of-Network)
Dental X-Rays Notes	Two bitewing radiograph is a covered benefit every year. One (1) panoramic radiograph or One (1) complete series is a covered benefit once every three years. Intraoral occlusal radiographs are a covered benefit twice every year.
Other Diagnostic Dental Services Auth	No Authorization Required (In-Network and Out-of-Network)
Other Diagnostic Dental Services Notes	Plan will cover cone beam CT capture and interpretation, pulp vitality tests and caries risk assessments.
Prophylaxis (Cleaning) Auth	No Authorization Required (In-Network and Out-of-Network)

Flouride Treatment Auth	No Authorization Required (In-Network and Out-of-Network)
Other Preventative Dental Services Auth	No Benefit
Restorative Services Auth	No Authorization Required (In-Network and Out-of-Network)
Restorative Services Notes	Fillings are covered; no duplicate surface per tooth for two (2) years. Fixed prosthodontic services are a covered benefit once per tooth every five (5) years. One (1) per tooth of the following restorative services are covered every five (5) years, core buildup, pin retention, post and core indirectly fabricated, and each additional prefabricated post. Prefabricated crown is a covered service once per tooth every year.
Endodontics Auth	No Authorization Required (In-Network and Out-of-Network)
Endodontics Notes	Endodontic services are covered once per tooth per lifetime.
Periodontics Auth	No Authorization Required (In-Network and Out-of-Network)
Periodontics Notes	Scaling and root planning once per quadrant every two (2) years. Periodontal maintenance is a covered benefit two (2) per year. Gingival irrigation is a covered benefit once per quadrant every two (2) years. Covered periodontal services include gingivectomy one (1) per quadrant every three (3) years; osseous surgery once per site/quadrant every five (5) years; full mouth debridement once every two (2) years. Periodontal grafting services one (1) per site/quadrant every three (3) years.
Prosthodontics removable Auth	No Authorization Required (In-Network and Out-of-Network)
Prosthodontics removable Notes	Prosthodontic services include complete and partial dentures once per arch every five (5) years. Denture adjustments and repairs are a covered benefit once per arch every year. Denture relines are a covered benefit once per arch every two (2) years.
Maxillofacial Prosthetics Auth	No Benefit
Implant Services Auth	No Benefit
Prosthodontics Fixed Auth	No Authorization Required (In-Network and Out-of-Network)
Prosthodontics Fixed Notes	Fixed prosthodontic services are a covered benefit once per tooth every five (5) years. One (1) pontic/retainer crown (bridge) per tooth every 5 calendar years.
Oral and Maxillofacial Surgery Auth	No Authorization Required (In-Network and Out-of-Network)

Oral and Maxillofacial Surgery Notes	Plan will cover Simple and Surgical extractions, and removal of impacted tooth one per tooth in a lifetime. Alveoloplasty services are covered once per site/quad in a lifetime. Bone replacement graft for ridge preservation, per site one (1) per site in a lifetime. Frenuloplasty one every 5 years. Incision and drainage of an abscess, Excision of benign lesion, Removal of benign odontogenic cyst/tumor.
Orthodontics Auth	No Benefit
Adjunctive General Services Auth	No Authorization Required (In-Network and Out-of-Network)
Adjunctive General Services Notes	Adjunctive General Services include Deep sedation, intravenous conscious sedation, consultation. Occlusal guard, analysis, and adjustments are covered once every three (3) years. Teledentistry covered two (2) every calendar years.
Routine Eye Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Eyewear Auth NonMedicare	No Authorization Required (In-Network and Out-of-Network)
Contact Lenses Auth	No Authorization Required (In-Network and Out-of-Network)
Eyeglasses (lenses and frames) Auth	No Authorization Required (In-Network and Out-of-Network)
Eyeglass lenses Auth	No Authorization Required (In-Network and Out-of-Network)
Eyeglass frames Auth	No Authorization Required (In-Network and Out-of-Network)
Upgrades Auth	No Authorization Required (In-Network and Out-of-Network)
Routine Hearing Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Fitting/Evaluation for Hearing Aid Auth	No Authorization Required (In-Network and Out-of-Network)
Hearing Aids (all types) Auth	No Authorization Required (In-Network and Out-of-Network)