AGERIGHT ADVANTAGE

AgeRight Advantage Health Plan (HMO I-SNP)

Prior Authorization Chart

Service Type	Requirement	Notes
Inpatient Hospitalization (Medical and Psychiatric)	Prior Authorization	
Inpatient Elective (Medical and Psychiatric)	Prior Authorization	
Observation	Prior Authorization	
Partial Hospitalization	Prior Authorization	
Ambulatory Surgery Center	Prior Authorization	
Cardiac and Pulmonary Rehab Services	Prior Authorization	
Certain Prescription Drugs	Prior Authorization	
Chiropractic Services	Prior Authorization	
Dental - Comprehensive	No Authorization Required	The following comprehensive dental services are covered by the Plan: Restorative Services, Endodontics, Prosthodontics, Other Oral/Maxillofacial Surgery
Dental-Medicare Coverage	Prior Authorization	
Dental - Preventive	No Authorization Required	The following preventive dental services are covered by the Plan and do not require PA: Oral exams- Limited 1 oral exam every six months Prophylaxis (cleaning)- Limited to 1 cleaning every six months Dental X-rays- Limited 1 x-ray every year
Diabetic Supplies/Services	No Authorization Required	
Dialysis	No Authorization Required	
Durable Medical Equipment	Prior Authorization	
Genetic Testing	Prior Authorization	
Hearing Aids	No Authorization Required	
Home Health Services	Prior Authorization	
Laboratory Services	No Authorization Required	
Medicare Part B Drugs and Step Therapy	*Prior Authorization	*Prior authorization is required for some medications. For chemotherapy, prior authorization is required for the initial drug approval only.
Mental Health Specialty Services	Prior Authorization	
Non-Emergent Ambulance Transportation	Prior Authorization	

Service Type	Requirement	Notes
Opioid Treatment Services	Prior Authorization	
Out of Network Services	Prior Approval Required	
Outpatient Diagnostic Procedures and Tests	Prior Authorization	
Outpatient Diagnostic/ Therapeutic Radiology	*Prior Authorization	*X-rays do not require authorization when service rendered in Nursing Facility, hospital, or physician office. Authorization is required for diagnostic radiological services and therapeutic radiological services.
Outpatient Hospital Services	Prior Authorization	
Prosthetics/Medical Supplies	Prior Authorization	
Psych Services	No Authorization Required	
Skilled Nursing Facility - Post-Acute	Prior Authorization	
Skilled Nursing Facility - Skill in Place	Prior Authorization	
Specialist Services	No Authorization Required	
Substance Abuse Services	Prior Authorization	
Telehealth	Referral	
Therapy - PT, OT, ST (Part B)	No Authorization Required	
DATE: March 2022		