

AgeRight Advantage Authorization/Referral Chart

Service Type	Requirement	Notes
Hospitalization: Inpatient Emergent (Medical and Psychiatric)	Notification	Within 1 business day.
Hospitalization: Inpatient Elective (Medical and Psychiatric)	Prior Authorization	
Hospitalization: Partial Day	Prior Authorization	
Ambulatory Surgery Center	Prior Authorization	
Cardiac and Pulmonary Rehab Services	Prior Authorization	
Certain Prescription Drugs	Prior Authorization	Limited number of drugs require authorization.
Chiropractic Services	Prior Authorization	
Comprehensive Dental	Prior Authorization	Preventive dental - No authorization required.
Diabetic Supplies/Services	No Authorization Required	
Dialysis	Prior Authorization	
Durable Medical Equipment	Prior Authorization	See list
Genetic Testing/Screening Labs	Prior Authorization	
Hearing Aids	Prior Authorization	
Home Health Services	Prior Authorization	*Per policy
Laboratory Services	No Authorization Required	
Medicare Part B Drugs and Step Therapy	Prior Authorization	For chemotherapy: Only initial administration requires authorization.
Mental Health Specialty Services	Prior Authorization	
Opioid Treatment Services	Prior Authorization	
All Out of Network Services	Prior Approval Required	
Outpatient Diagnostic Procedures and Tests	Prior Authorization	Performed outside of a physician office or nursing facility.
Outpatient Diagnostic/Therapeutic Radiology	Prior Authorization	
Outpatient Hospital Services	Prior Authorization	Infusion therapy only
Prosthetics/Medical Supplies	Prior Authorization	See list
Part A Skilled Nursing Facility Services - Skill in Place or Treat in Place services	Prior Authorization	
Part A Skilled Nursing Facility: Post-Acute	Prior Authorization	*Per policy
Part B Therapy - Occupational, Physical or Speech Therapy Services	Prior Authorization	*Per policy
Specialist Referrals	Referral	
Substance Abuse Services	Prior Authorization	
Telehealth	Referral	
Transport/Non Emergent Ambulance	Prior Authorization	

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