

**AgeRight Advantage
Prior Authorization 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: Observation	Prior Authorization	
Hospitalization: Partial Day 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	
Medicare Dental Coverage	Prior Authorization	Preventive & Supplemental - No authorization required.
Diabetic Supplies/Services	No Authorization Required	
Dialysis	Prior Authorization	
Durable Medical Equipment	Prior Authorization	
Genetic Testing/Screening Labs	Prior Authorization	
Hearing Aids	Prior Authorization	
Home Health Services	Prior Authorization	See List
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	
Outpatient Diagnostic/Therapeutic Radiology	Prior Authorization	X-rays do not require authorization when service rendered in Nursing Facility or physician office. Diagnostic and therapeutic radiological services require authorization in the nursing facility or physician's office.
Outpatient Hospital Services	Prior Authorization	
Prosthetics/Medical Supplies	Prior Authorization	
Part A Skilled Nursing Facility Services - Skill in Place or Treat in Place services	Prior Authorization	

Service Type	Requirement	Notes
Part A Skilled Nursing Facility: Post-Acute	Prior Authorization	
Part B Therapy - Occupational, Physical or Speech Therapy Services	No Authorization Required	
Specialist Services	Referral	
Substance Abuse Services	Prior Authorization	
Telehealth	Referral	
Transport/Non-Emergent Ambulance	Prior Authorization	
DATE: January 2021		