

Great Plains Medicare Advantage Prior Authorization/Notification Chart

Service Type	Requirement	Notes
Hospitalization: Inpatient Emergent(Medical and Psychiatric)	Notification/Authorization	Submit request during hospital stay.
Hospitalization: Inpatient Elective(Medical and Psychiatric)	Prior Authorization	
Hospitalization: Partial Day	No Authorization Required	
Hospitalization: Observation	No Authorization Required	
Ambulatory Surgery Center	Prior Authorization	
Cardiac and PulmonaryRehab Services	No Authorization Required	
Certain Prescription Drugs	Prior Authorization	Limited number of drugs require authorization.
Chiropractic Services	No Authorization Required	
Medicare Dental Coverage	No Authorization Required	
Diabetic Supplies/Services	No Authorization Required	
Dialysis	No Authorization Required	
Durable Medical Equipment	Prior Authorization	Required for certain equipment.
Hearing Aids	No Authorization Required	
Home Health Services	Prior Authorization	
Laboratory Services	No Authorization Required	
Medicare Part B Drugs and StepTherapy	Prior Authorization	For chemotherapy: Only initial administration requires authorization.
Mental Health Specialty Services	No Authorization Required	
Opioid Treatment Services	No Authorization Required	
All Out of Network Services	Prior Approval Required	
Outpatient Diagnostic Procedures and Tests	Prior Authorization	No Authorization required for labservices, except Genetic Testing (requires auth).

Outpatient Diagnostic/ Therapeutic Radiology	Prior Authorization	Authorization only required forhigh end imaging.
Outpatient Hospital Services	Prior Authorization	No Authorization for Observation
Prosthetics/Medical Supplies	Prior Authorization	
Part A Skilled Nursing Facility Services - Skill in Place or Treat inPlace services	No Authorization Required	
Service Type	Requirement	Notes
Part A Skilled Nursing	N. A. d. et a Car Deadler	
Facility:Post-Acute	No Authorization Required	
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Facility:Post-Acute Part B Therapy - Occupational,Physical or	·	
Facility:Post-Acute Part B Therapy - Occupational,Physical or Speech Therapy Services	No Authorization Required	Authorization is only required forcertain surgeries and radiology procedures.
Facility:Post-Acute Part B Therapy - Occupational,Physical or Speech Therapy Services Psychiatric Services	No Authorization Required No Authorization Required	required forcertain surgeries
Facility:Post-Acute Part B Therapy - Occupational,Physical or Speech Therapy Services Psychiatric Services Specialist	No Authorization Required No Authorization Required Prior Authorization	required forcertain surgeries