Great Plains Medicare Advantage

Authorization Requirement Guide

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Effective January 1, 2026

Hospitalization and surgery

Service Type	Requirement	Notes
Hospitalization: Inpatient emergent/ elective care	No authorization required	Includes both medical and psychiatric care
Hospitalization: Partial day stay	No authorization required	
Hospitalization: Observation stay	No authorization required	
Ambulatory surgery center	Prior authorization required	Authorization is required for certain surgeries
Outpatient hospital services	Prior authorization required	

Rehabilitation, therapy and specialty care

Service Type	Requirement	Notes
Cardiac and pulmonary rehab	No authorization required	Includes PAD services
Part A skilled nursing facility	No authorization required	No requirements for ANY skilled nursing facility. Post-acute 3-day inpatient stay is REQUIRED.
Part B therapy services	No authorization required	Includes physical, occupational and speech therapy services
Chiropractic services	No authorization required	
Psychiatric/mental health specialty services/ outpatient programs	No authorization required	Includes individual and group services
Substance abuse services	No authorization required	Includes both individual/ group services
Opioid treatment services	No authorization required	

Medical equipment, drugs and supplies

Service Type	Requirement	Notes
Certain prescription drugs	Prior authorization required	Limited number of drugs require authorizations
Medicare Part B drugs	Prior authorization required	Required for some medications for chemo/radiology and other Part B Medicare drugs
Durable medical equipment/supplies	Prior authorization required	Required for certain items
Prosthetic devices	Prior authorization required	
Diabetic supplies/services	No authorization required	Includes diabetic shoes/inserts, self-management training, part B insulin drugs
Medicare dental coverage exams/cleanings/services	No authorization required	Includes oral surgery, dental X-rays, prothodontics and implant services with specific policy frequency limitations
Hearing aids/exams/fittings	No authorization required	
Eye care	No authorization required	Includes exams, eyewear/ lenses, contacts, upgrades and glaucoma screening

Diagnostics and laboratory services

Service Type	Requirement	Notes
Laboratory services	No authorization required	
Outpatient diagnostic procedures and tests	Prior authorization required	Not required for lab services rendered in any place of service, except for genetic testing does require authorization.
Outpatient diagnostic/ therapeutic radiology services	No prior authorization required	
Dialysis	No authorization required	Includes kidney disease education

Other health care services

Service Type	Requirement	Notes
Health care professional and specialist services	No authorization required	Included but not limited to podiatry/routine foot care services
Telehealth services	No authorization required	
Medicare preventive services	No authorization required	Includes EKG following welcome visits and digital rectal exams
Ambulance/plan-approved health related transportation services	No authorization required	Ground/air ambulance services included
Adjunctive general services	No authorization required	Anesthesia is covered in conjunction with qualifying services
Out-of-network services	Provider driven care determination	

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