

Great Plains Medicare Advantage Authorization/Referral Chart

Service Type	Requirement	Notes
<u>Hospitalization</u> : Inpatient Emergent (Medical and Psychiatric)	Notification	Within 1 business day.
<u>Hospitalization</u> : Inpatient Elective (Medical and Psychiatric)	Prior Authorization	
<u>Hospitalization</u> : Partial Day	Prior Authorization	
<u>Hospitalization</u> : Observation	Authorization	Within 1 business 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	
Diabetic Supplies/Services	No Authorization Required	
Dialysis	Prior Authorization	
Durable Medical Equipment	Prior Authorization	See list
Hearing Aids	Prior Authorization	
Home Health Services	Prior Authorization	
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	*No authorization for Gold Plan.
Opioid Treatment Services	Prior Authorization	
Other Healthcare Professionals (SW/NP/PA)	Prior Authorization	*No authorization for Gold Plan.
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	X-rays do not require authorization.
Outpatient Hospital Services	Prior Authorization	Infusion therapy only
Prosthetics/Medical Supplies	Prior Authorization	
<u>Part A Skilled Nursing Facility Services - Skill in Place or Treat in Place services</u>	Prior Authorization	
<u>Part A Skilled Nursing Facility: Post-Acute</u>	Prior Authorization	*Per policy
<u>Part B Therapy - Occupational, Physical or Speech Therapy Services</u>	Prior Authorization	*Per policy
Psychiatric Services	Referral	Gold Plan only
Specialist Referrals	Referral	
Substance Abuse Services	Prior Authorization	No authorization for Gold Plan
Telehealth	Referral	
DATE: August 10 2020		