

## Great Plains Medicare Advantage Authorization/Referral Chart

Service Type	Requirement	Notes
<u>Hospitalization:</u> Inpatient Emergent (Medical & Psychiatric)	Notification	Within 1 business day. Hospital should submit notification with clinicals.
<u>Hospitalization:</u> Inpatient Elective (Medical & Psychiatric)	Prior Authorization	Requesting physician submits Prior Authorization
<u>Hospitalization:</u> Partial Day	Prior Authorization	
<u>Hospitalization:</u> Observation	Prior Authorization	Hospital should submit notification with clinicals.
Ambulatory Surgery Center	Prior Authorization	Surgeon should submit Prior Authorization request with clinicals.
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	Contact UM at (844) 637-4760 for determination if DME requires Prior Authorization
Hearing Aids	Prior Authorization	Audiologist should submit Prior Authorization request with audiogram. \$2,000 annual benefit for hearing aids. (both ears combined)
Home Health Services	Prior Authorization	Requesting provider submits Prior Authorization
Laboratory Services	Not Required	Prior Authorization required for genetic testing only.
Medicare Part B Drugs and Step Therapy	Prior Authorization	Prior Authorization required for some medications. For chemotherapy: only the initial administration requires authorization.
Mental Health Specialty Services	Prior Authorization	
Opioid Treatment Services	Prior Authorization	
Other Healthcare Professionals (SW/NP/PA)	Prior Authorization	
All Out of Network Services	Prior Approval Required	
Outpatient Diagnostic Procedures and Tests	Prior Authorization	When performed outside of a physician office or nursing facility. No Authorization is required when services are rendered in a physician office or nursing facility.

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Outpatient Diagnostic/ Therapeutic Radiology	Prior Authorization	MRI, CT, PET, ultrasounds require 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	Facility submits Prior Authorization
<u>Part A Skilled Nursing Facility:</u> Post-Acute	Prior Authorization	Not required if returning to members Primary nursing facility residence. Prior Authorization is required for members transitioning to alternate nursing facility.
<u>Part B Therapy - Occupational, Physical or Speech Therapy Services</u>	Prior Authorization	Not required at members primary nursing facility residence.
Psychiatric Services	Referral	Gold Plan only
Specialist Services	Referral & Prior Auth	Referral required for initial Specialist visit. Prior Authorization only required for certain surgeries and radiology procedures. Contact UM at (844) 637-4760 for determination.
Substance Abuse Services	Prior Authorization	
Telehealth	Referral	
Vision/Glasses/Contacts	Not Required	No Authorization required. One routine exam per year. See specific plan for hardware benefit.
Dental/Dentures	Not required	One annual exam, cleaning, and x-rays per year. \$500 annual benefit for non-routine dental, \$1,500 benefit for dentures every two years.
Podiatry	Not required	6 routine visits per year.
Transportation	Not required	24 one-way trips per year to health-related visits
DATE: 03/2021		