

Great Plains Medicare Advantage

Authorization Requirement Guide



Effective January 1, 2025

Hospitalization and surgery

| Service Type | Requirement | Notes |
|--|------------------------------|--|
| Hospitalization: Inpatient emergent/ elective care | Prior authorization required | Includes both medical and psychiatric care |
| Hospitalization: Partial day stay | Prior 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 | |
| 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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