

Simpra Advantage (PPO D-SNP) Prior Authorization Chart

Service Type	Requirement	Notes
Emergent Inpatient Hospitalization (Medical and Psychiatric)	No prior authorization required.	Notification required within 2 business days of admission.
Elective Inpatient (Medical and Psychiatric)	Prior Authorization	
Observation	No prior authorization required.	Notification required within 2 business days of placing the member under observation.
Partial Hospitalization	Prior Authorization	
Acupuncture for Chronic Low Back Pain	Prior Authorization	Covered for chronic low back pain only
Ambulatory Surgery Center	Prior Authorization	
Cardiac and Pulmonary Rehab Services	Prior Authorization	
Certain Prescription Drugs and Step Therapy	Prior Authorization	
Chiropractic Services	Prior Authorization	
Clinical Research Study	Notification Only	
Dental - Comprehensive	Prior Authorization	
Dental - Medicare Coverage	Prior Authorization	
Dental - Preventive	No Authorization Required	
Diabetic Supplies/Services (Shoes, Strips, Glucometer)	No Authorization Required	
Dialysis	Prior Authorization	For ESRD: Authorization is required only for initial treatment.
Durable Medical Equipment	Prior Authorization	
Emergency Care	Notification Only	
Genetic Testing	Prior Authorization	
Hearing Exam	As covered by Medicare, No Authorization Required 1 exam annually	Hearing aids and fittings are not covered by Medicare or the plan
Home Health Services	Prior Authorization	
Home Infusion	Prior Authorization	
Hospice	Notification Only	

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Medicare Part B Drugs and Step Therapy	Prior Authorization	Prior authorization is required for some medications. For chemotherapy, Prior Authorization is required for the initial drug approval only.
Mental Health Specialty Services	No Authorization Required	
Non-Emergent Ambulance Transportation	Prior Authorization required for fixed wing transport only	
Opioid Treatment Services	Prior Authorization	
Other Healthcare Professionals (CRNA/NP/PA/Clinical Specialists) in the home/facility	No Authorization Required	
Outpatient Diagnostic/Therapeutic Procedures, Tests, Lab Services	Prior Authorization	X-Rays do not require authorization in nursing facility, physician's office, or hospital. CTs for head or abdomen do not require authorization.
Outpatient Diagnostic Therapeutic Radiology	Prior Authorization	
Outpatient Hospital Services	Prior Authorization	
Prosthetics/Medical Supplies	Prior Authorization	
Psychiatric Services	No Authorization Required	
Skilled Nursing Facility - Post-Acute	Prior Authorization	
Social Needs Benefit	No Authorization Required	Determined by the RN Care Coordinator
Specialist Services	Prior Authorization required for procedures/services	
Substance Abuse Services	Prior Authorization	
Supervised Exercise Therapy (SET)	Prior Authorization	
Telehealth	No Authorization Required	
Therapy - PT, OT, ST (Part B)	Prior Authorization	
Transplants	Prior Authorization	