

Simpra Advantage Premier (PPO I-SNP) Prior Authorization Chart

*Prior authorization means receiving authorization before a service is provided to the member. Notification is notifying Simpra UM for authorization as the service is being provided to the member. Notification only means Simpra must be notified for records, but authorization is not required, or the service is reimbursed through Medicare.

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 authorization required	Effective 3/20/2023
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 & Step Therapy	Prior Authorization	Visit Simpra.com, "For Providers" section, for a list of prescription drugs requiring prior authorization and/or Step Therapy.
Chiropractic Services	Prior Authorization	We cover only manual manipulation of the spine to correct subluxation.
Clinical Research Study	Notification Only	
Dental - Comprehensive	No Authorization Required	For Medicare covered dental services. Effective 3/20/2023
Dental - Medicare Coverage	No Authorization Required	Effective 3/20/2023
Dental - Preventive	No Authorization Required	
Diabetic Supplies/Services (Shoes, Strips, Glucometer)	No Authorization Required	
Dialysis	No Authorization Required	Effective 3/20/2023
Durable Medical Equipment	Prior Authorization	
Emergency Care	Notification Only	
Genetic Testing	No Authorization Required	Authorization is required for 0015U-Drug Metabolism DNA 22 drug genes. Effective 3/20/2023 S3800-S3870 not covered
Hearing Aids & Fitting	No Authorization Required	

Service Type	Requirement	Notes
Hearing Exams	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	
Medicare Part B Drugs and Step Therapy	Prior Authorization may be required	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 and Tests	Prior Authorization	Transthoracic Echocardiogram (TTE), Transesophageal Echocardiogram (TEE) do not require prior authorization effective 3/20/2023.
Outpatient Diagnostic/Therapeutic Radiology	Prior Authorization	X-rays, CAT Scans (CT), Ultrasound, MRI do not require prior authorization effective 3/20/2023.
Outpatient Hospital Services	Prior Authorization	No prior authorization required for infusion therapy (96365-96379), chemotherapy administration (96420-96425; 96440- 96549; Q0083-Q0085), wound debridement (11000, 11001, 11004, 11005, 11006, 11008, 11010-11012, 11042-11047, 11055-11057, and biofeedback training (90911) effective 3/20/2023.
Prosthetics/Medical Supplies	Prior Authorization	
Psychiatric Services	No Authorization Required	
Skilled Nursing Facility - Post-Acute	Notification required for the first 7 days. Prior Authorization after the first 7 days for extensions.	Notification for the first 7 days must be given within 2 business days of starting services. Prior authorization for extensions should be requested within 2-3 business days before the last covered day.
Social Needs Benefit	No Authorization Required	Determined by the RN Care Coordinator
Specialist Services (Office Visits)	No Authorization Required	Services/procedures require authorization if applicable

Service Type	Requirement	Notes
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	