

## Simpra Advantage (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	
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	Visit <a href="http://Simpra.com">Simpra.com</a> "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	Prior Authorization	For Medicare-covered comprehensive dental services
Dental – Medical	Prior Authorization	Dental services that are closely related to other covered medical services
Dental – Preventive	Not Covered	
Diabetic Shoes	No Authorization Required	
Dialysis	No Authorization Required	
Durable Medical Equipment (DME)	Not covered by Simpra	For Simpra members living in a Skilled Nursing Facility (SNF), DME is covered when under Part A receiving skilled services.  DME is not covered under Part B by Simpra for members living in a Skilled Nursing Facility, however, some DME categorized as Prosthetics, Orthotics, and Supplies (POS) are covered by Simpra under Part B. Prior authorization may be required for Part B-covered POS.
Emergency Care	Notification Only	
Genetic Testing	No Authorization	No authorization for Medicare covered testing.
Hearing Aids and Fitting	No Authorization Required	
Hearing Exam	No Authorization Required	For Medicare covered exams
Home Infusion	Prior Authorization	
Hospice	Notification Only	
Laboratory Services	No Authorization Required	

Service Type	Requirement*	Notes
Medicare Part B Drugs and Step Therapy	Prior Authorization may be required	Prior authorization required for some medications.  Chemotherapy: Notification only required for the initial drug approval. Prior authorization required for non-FDA approved indications.
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 Procedures and Tests	No Authorization Required	
Outpatient Therapeutic Procedures and Tests	Prior authorization	
Outpatient Diagnostic Radiology	No Authorization Required	X-rays, CAT Scans (CT), Ultrasound, MRI do not require prior authorization. PET scans require authorization.
Outpatient Therapeutic Radiology	Prior Authorization	Initial radiation treatment requires notification.
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).
Prosthetics, Orthotics, Medical Supplies (POS)	Prior Authorization	
Psychiatric Services	No Authorization Required	
Supervised Exercise Therapy (SET)	Prior Authorization	
Skilled Nursing Facility – Post-Acute	Notification for the first 7 days post-acute. Prior authorization required for extensions.	Notification within 2 business days of starting services. Extensions must be requested within 2-3 business days before the last covered day.
Skilled Nursing Facility – Skill in Place	Prior Authorization	Prior authorization is required within 2 business days of starting care
Social Needs Benefit	No Authorization Required	Determined by the RN Care Coordinator
Specialist (Office Visit)	No Authorization Required	Services and procedures may require authorization, if applicable
Substance Abuse Service	Prior Authorization	
Telehealth	No Authorization Required	
Therapy – PT, OT, ST (Part B)	Prior Authorization for Extension Only	No prior authorization is required for the initial start of care (10 visits per discipline over 2-4 weeks).  Authorization is required for extensions or if the initial start of care is more than 10 visits per discipline. Extension requests must be submitted within 2-3 days before the last covered day.
Transplants	Prior Authorization	