

Prior Authorization Chart

Simpra Advantage Dual Care (PPO D-SNP)

***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 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	
Dental – Medical	Prior Authorization	Dental services that are closely related to other covered medical services.
Dental – Preventive	No Authorization Required	
Diabetic Supplies/Services (Shoes, Strips, Glucometer)	No Authorization Required	Authorization is required for Continuous Glucose Monitors (CGM)
Dialysis	No Authorization Required	
Durable Medical Equipment (DME)	Prior Authorization	No prior authorization required if <\$500
Emergency Care	Notification Only	
Genetic Testing	No Authorization	For Medicare covered testing
Hearing Aids and Exams	No Authorization Required	Medicare covered exams Hearing aids and fittings are covered every two years
Home Health Services	Prior Authorization	
Home Infusion	Prior Authorization	
Hospice	Notification Only	

Service Type	Requirement*	Notes
Medicare Part B Drugs and Step Therapy	Prior Authorization	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	No Authorization Required	Authorization required for fixed-wing transport
Opioid Treatment Services	Prior Authorization	
Other Healthcare Professionals (CRNA/NP/PA/Clinical Specialists) in the home	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	
Skilled Nursing Facility-Post-Acute	Prior Authorization	
Social Needs Benefit	No Authorization Required	Determined by the RN Care Coordinator
Specialist (Office Visits)	No Authorization Required	Services/procedures ordered by a specialist may require authorization
Substance Abuse Services	Prior Authorization	
Supervised Exercise Therapy (SET)	Prior Authorization	
Telehealth	No Authorization Required	
Transplants	Prior Authorization	